CYPRESS HEALTH REGION

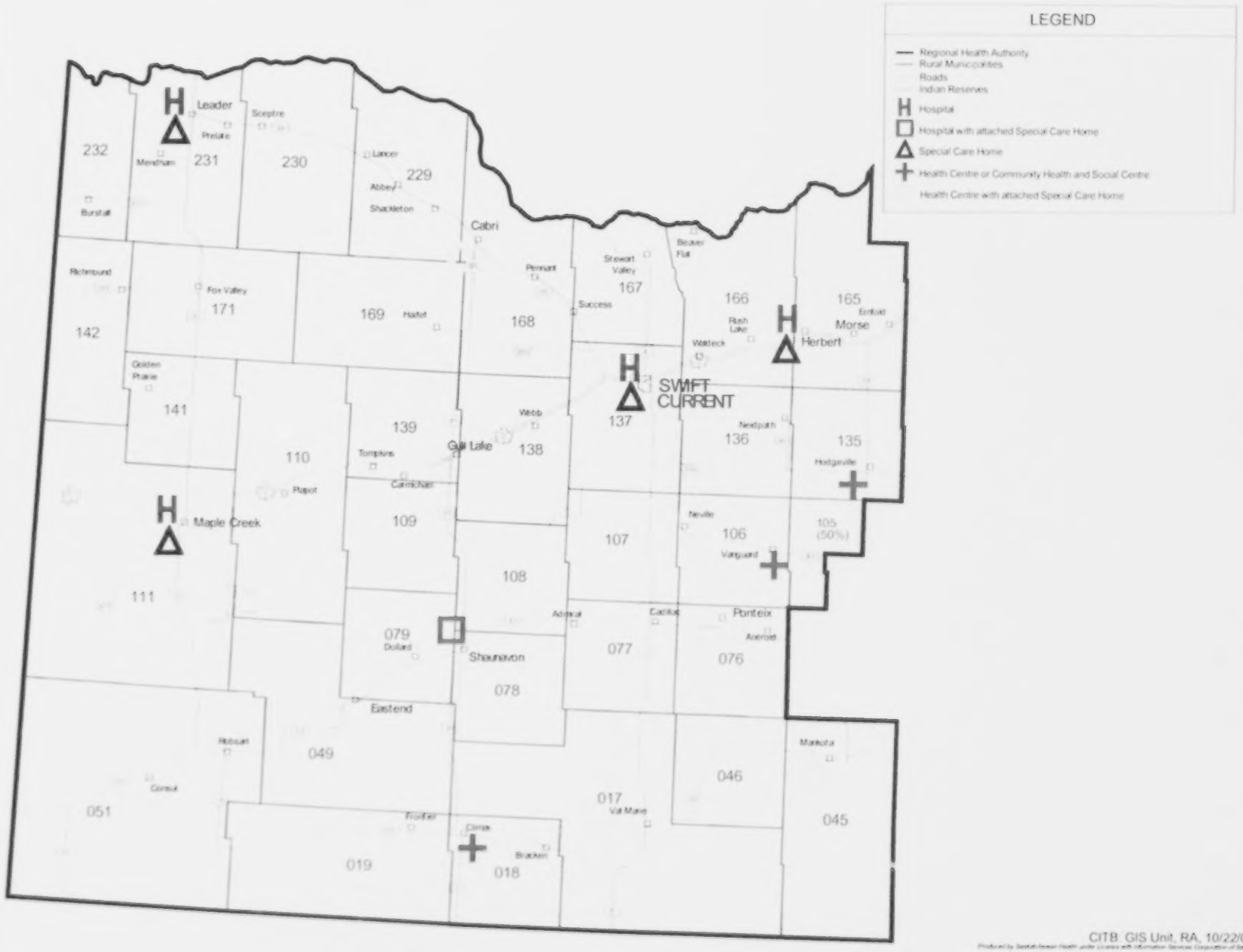
Annual Report For the Year Ending March 31, 2005

Together – Your Health, Our Future

Saskatchewan Health

Cypress Regional Health Authority

(2002 Population 45,287)



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The Cypress Health Region's Annual Report for the Year Ending March 31, 2005 can also be accessed on the health region's website: www.cypressrha.ca

TRANSMITTAL LETTER

June 2005

The Honourable John T. Nilson, Q.C.
Minister of Health
Province of Saskatchewan
Room 361, Legislative Building
REGINA, Sask. S4S 0B3

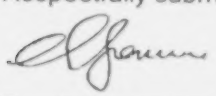
Dear Minister Nilson:

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-05 Annual Report.

This report provides the audited financial statements of the region for the year ended March 31, 2005 as well as outlining the Region's activities and accomplishments for that period.

Together – Your Health, Our Future

Respectfully submitted,



Dennis Lafreniere
Chairperson
Cypress Regional Health Authority

CYPRESS HEALTH REGION

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GREETINGS FROM THE CHAIRPERSON AND CHIEF EXECUTIVE OFFICER

The Cypress Regional Health Authority is pleased to present our Annual Report for the fiscal year of 2004-2005. This report provides the Minister of Health and the residents of our health region with an overview of the activities, performance and achievements during the past year.

The past fiscal year was marked as a year of challenge for the Cypress Health Region. Going into the year, the Region was faced with the necessity to develop solutions to address significant challenges. Specifically, these challenges included the decrease in hours of the Border Health Centre in Climax, the integration of the Herbert-Morse Hospital and the Herbert Nursing Home, and changes to the organization of the Cypress Regional Hospital.

Discussions with the Community Advisory Committees in Climax and Herbert have allowed the Regional Health Authority, management and the community to become aware of the issues being faced by each party, and have resulted in the development of creative options to address the communities' specific health needs. The ongoing dialogue with our municipal leaders in urban and rural communities is one of the most effective ways of understanding their concerns and proactively developing positive strategies for the future.

Our health region's top priority is to provide high quality health care programs and services to the residents of our geographic boundaries and beyond. In partnership with our staff and the community, we prepared and participated in an accreditation survey with the Canadian Council of Health Services Accreditation – the first as a health region. All of our efforts paid off with the acceptance of a three-year accreditation survey.

The contributions of our staff and physicians are essential to the success of attaining the goals and objectives that we have jointly determined. We appreciate the participation of our staff in planning for the future – one concrete example of this participation is the dedicated involvement of the Cypress Regional Hospital staff in assisting to develop the functional plan and design of the newest health facility in the province. With the start of construction in March 2005, we join the Southwest's excitement as we look forward to the opening of the new Regional Hospital.

Our partnership with the Dr. Noble Irwin Regional Healthcare Foundation and involvement with our Auxiliaries, community service clubs, and volunteers is very beneficial towards the successful delivery of quality health care. We will continue to work very closely with these organizations and individuals in the future.

We would like to acknowledge the dedication and effort of the Regional Health Authority members and the management team as they fulfill their duties and responsibilities.

On behalf of the Cypress Regional Health Authority and Management, we would like to express our appreciation to Saskatchewan Health for its assistance and cooperation throughout the past fiscal year. A special acknowledgement is extended to our staff, managers and physicians for their ongoing support and dedication to quality health care. In conjunction with all, we will strive to achieve our vision ... *Together – Your Health, Our Future.*

Dennis Lafreniere
Chairperson, Cypress Regional Health Authority

Andrew Will
Chief Executive Officer

WHO WE ARE

Strategic Direction

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's *Action Plan for Saskatchewan Health Care*. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the *Action Plan's* provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

The health region's strategic statements align with Saskatchewan Health's goals and are directed towards the provincial Vision of *"building a province of healthy people and healthy communities."*

OUR VISION

Together – Your Health, Our Future

OUR VALUES

Quality Compassionate Care
Innovation and Learning
Shared Responsibility for Improving Health
Integrity and Accountability
Respect for Diversity

OUR GOALS AND OBJECTIVES

Goal #1 – Improved access to quality health services

Objectives

- Responsive, coordinated primary health care
- Reduce waiting times for surgical procedures
- Improve emergency medical care
- Improved hospital, specialized service, and long term care

Goal #2 – Effective health promotion and disease prevention

Objectives

- Better promotion of health and disease prevention
- Improve the health of populations at risk

Goal #3 – Retain, recruit, and train health providers

Objectives

- Improve utilization and availability of health human resources
- Develop representative workplaces
- Create healthier, more effective workplaces

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives

- Ensure quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

The above-noted goals and objectives were used as the foundation to develop a series of 12 operational strategies that the health region staff, management and physicians combined their efforts towards achieving throughout the 2004-05 fiscal year. These strategies were developed with the direct feedback from staff and physicians following an exercise that identified the health region's strengths, weaknesses, opportunities, and threats (SWOT analysis).

The end result of this strategic exercise was the *Cypress Vision Cup*, which is a symbol of the achievements that have been realized. The *Vision Cup* increases the staff, physician, and management awareness of the operational strategies, provides an avenue to be informed when they have been achieved, and enables all of the partners to celebrate the success of achieving the strategies.

Governance and Organization

The Regional Health Authority #3 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date.

The geographic boundaries pertaining to Regional Health Authority #3 was named the *Cypress Health Region* and the governing body assumed the name of the *Cypress Regional Health Authority*.

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds. As of March 31, 2005, the Authority included the following:

Dennis Lafreniere (Chairperson)	Swift Current
Alan MacArthur (Vice-Chairperson)	Herbert
Bruce Deg	Swift Current
Lois Donnelly	Swift Current
Barry Elderkin	Maple Creek
Shirley Etter	Leader
Betty Goddard	Cabri
Ron Heeg	Swift Current
Ron Johnson	Climax
Alma Thibault	Ponteix
Brian Whiteside	Swift Current
Audrey Yee	Swift Current

CYPRESS REGIONAL HEALTH AUTHORITY (March 2005)

Back row, left to right: Brian Whiteside, Barry Elderkin, Bruce Deg, Dennis Lafreniere (Chairperson), Alan MacArthur (Vice-Chairperson), Ron Heeg, Andrew Will (Chief Executive Officer). *Missing:* Ron Johnson

Front row, left to right: Audrey Yee, Lois Donnelly, Betty Goddard, Shirley Etter, Alma Thibault, Kim Kruse (Director of Executive and Board Support)

The existing members' terms of appointment are due to expire at the end of July 2005. Future appointments to the Regional Health Authority will be at the discretion of the Minister of Health.

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the RHA Boards work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting;
- Monitor the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined via Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Management Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, Ethics Committee, Community Advisory Committees, Regional Hospital Capital Project Planning Committee, and Education Committee.

Administrative Structure

The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services across the region. The Senior Management Team consists of the following positions and is depicted in the organization chart below:

- Executive Director of Health Services
- Executive Director of Community Services
- Executive Director of Finance
- Executive Director of Human Resources
- Executive Director of Decision Support
- Executive Director of Communications
- Senior Physician Executive/Chief of Medical Staff
- Director of Executive and Board Support

Maintaining Public Transparency

Integrity and accountability are two of the key values that the Authority believes in. They utilize a variety of measures to ensure that the health region's residents have access to information:

- Monthly Regional Health Authority meeting are open to the public to attend and observe. The meetings are extensively advertised in the region's newspapers.
- There are established guidelines in place to facilitate presentations to the Board meetings from interested members of the public or organizations.
- Board meetings rotate through the health region's communities. Local municipal leaders are invited to the meeting and to join the Authority for discussion during the day.
- Regular monthly Authority meeting highlights are distributed to all of the media contacts throughout the health region, as well as throughout the facilities and offices of the health region for staff viewing. The Authority Chairperson and Chief Executive Officer welcome the opportunity to address issues identified in the monthly meetings with the media.
- Positive working relationships have been established with the media contacts (print, radio, and television) to ensure the distribution of public information regarding issues pertaining to the health region and/or to public safety issues.
- The Chairperson, Chief Executive Officer and other representatives of the health region are available for presentations to municipal councils, community service groups, community trust committees, and for the general public.
- Development and availability of the *Annual Report* document in hard copy format and electronically via the health region's website.
- Payee disclosure lists will again be made available for review.

Community Advisory Networks

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. Over the past year, the health region has been actively meeting with advisory committees in the communities of Climax and Herbert regarding specific issues related to the future of health service provision in their communities and surrounding areas.

The Authority also utilizes an informal structure to serve as the Advisory Network and takes advantage of existing intersectoral relationships that are already in place. These include consultations with rural and urban municipal councils, Regional Intersectoral Committees, discussions with the Southwest Municipal Government Forum, Chambers of Commerce, education and other community stakeholder groups, and previous health district-related advisory and trust committees.

A community advisory process with an intersectoral focus has been used to support the work of the Southwest Drug Strategy committee. Community Action Teams have been established to develop a strategy that addresses substance use/abuse in the region.

Community representatives have been excellent participants in the creation of the Population Health Promotion Strategy. Working groups continue to meet on a regular basis to coordinate the development and implementation of the ongoing plan.

Currently, the Authority receives a summary report of community consultations at the monthly Authority meetings.

Health Care Organizations and Other Third Party Relationships

The Cypress Health Region maintains a contractual relationship with independent facilities and organizations that deliver health services to specific clients or residents. An "affiliate" as defined by *The Regional Health Services Act*, is an operator (other than the health region) of a hospital or a not-for-profit special care home. A "health care organization" is an affiliate or a prescribed organization that receives funding from an Authority to provide health services.

These relationships include:

- Herbert Nursing Home – affiliate organization. They provide long term care services in the community of Herbert.
- Foyer St. Joseph – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the Ponteix Health Centre facility.
- Private Ambulance Service Operators – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix and Val Marie.
- McKerracher Support Services Inc. – provider of independent living services for individuals suffering from a long term mental illness.
- Canadian Mental Health Association – provider of day programming for individuals suffering from long term psychiatric disorders.
- Dr. Noble Irwin Regional Healthcare Foundation – fundraising non-profit organization. They participate in fundraising campaigns targeting health region-wide capital equipment and furnishing needs, employee education and skills enrichment opportunities, and community development.

The contractual relationships with organizations allow for the provision of services that reflect the health region's goals and objectives, and allow for the achievement of expectations as outlined in the region's Accountability Document. The contracts direct the expectations and responsibilities of both parties, as well as indicate the reporting mechanisms and processes for communicating operational results and performance to the Authority.

The health region has the ability to appoint a staff member to sit as a Board Liaison with the McKerracher Support and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region, where joint client case planning is coordinated.

REGIONAL ENVIRONMENTAL SCAN

Please note that the principle source for the data presented within this section (unless otherwise noted) is information compiled as a result of the work of the Strategic Committee on Indicator Development, based on data submitted by the Regional Health Authorities.

The Cypress Regional Health Authority provides health services to the residents of 80 rural and urban municipalities in the southwestern corner of Saskatchewan. Incorporated within the health region's boundaries are one First Nations community and 18 Hutterite communities.

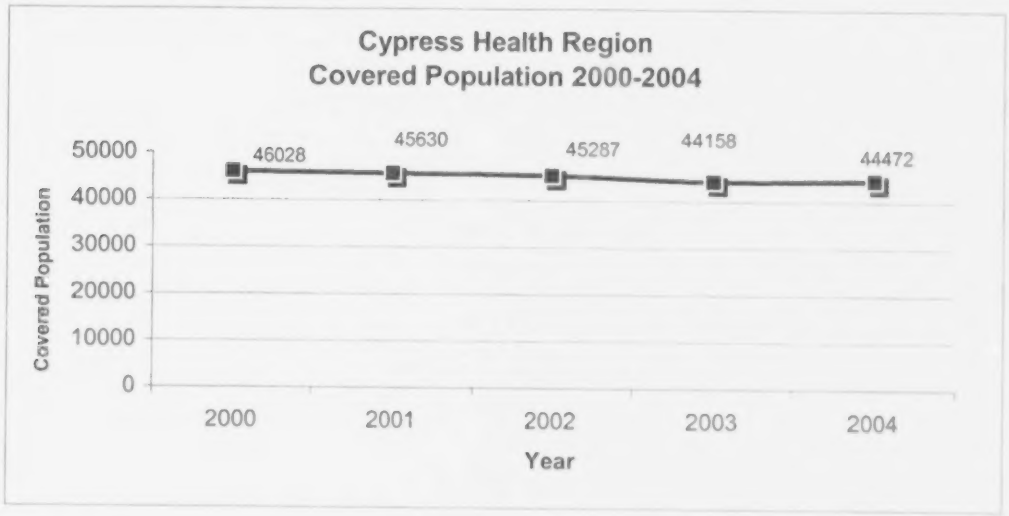
The *2004 Covered Population* statistics displayed that 44,472 individuals lived within the health region's geographic boundaries. Posing similar challenges for residents and health care staff include the vast geographical distances between communities, communities in isolation, and large geographical points of interest (for example, the Great Sand Hills, Cypress Hills Inter-Provincial Park, National Grasslands Park) that create hurdles for travel.

Approximately 1,600 staff members provide a wide continuum of community-based and facility-based services and programs. A variety of acute, long term care, and program (i.e. observation, respite, palliative and convalescent) services are provided throughout the health region's 20 facilities. A broad range of community services, home care programming, and emergency medical services are offered throughout the region.

During 2004, the Medical Officer of Health coordinated the development of a "Health Status Report" that provided statistical information on a variety of indicators that affect the health of the residents. A follow-up report is being developed.

The Population of the Cypress Health Region

Generally, as in many rural and remote areas of Saskatchewan, the population of the Cypress Health Region has been in a slow decline since 1999, though there has been a slight reversal in this trend in recent years with 314 more people residing in the region in 2004 than in 2003. Data for this graph are derived from *Covered Population* documents, Saskatchewan Health Website. The dispersed population also characterizes the region with some local residents having to travel considerable distances to receive care.



Economic Trends

Statistics Canada (Community Profile Data, 2001) demonstrates that residents of the Cypress Health Region have lower levels of income than residents of Saskatchewan generally.

- Total average earnings of all persons with earnings (male and female) were $22,891 for health region residents, while they were $25,691 for Saskatchewan residents as a whole.
- Average earnings for those employed full time for the full year were $29,906 for Cypress residents, while they climbed to $35,252 for all Saskatchewan residents.
- Median family incomes (all census families) was $47,282 for Cypress residents, and only slightly higher for all Saskatchewan residents at $49,264.
- Median family income for couple families was $50,035 for Cypress residents and $54,341 for all Saskatchewan families.
    - Interestingly, this trend is reversed when analyzing median family income for lone-parent families. Cypress residents have slightly higher incomes in this category ($28,799) than do residents of Saskatchewan as a whole ($24,787).
- Regarding the sources/composition of total incomes, Cypress residents have a very slightly lower rate of wage earnings as their source of income (71.2%) than Saskatchewan residents as a whole (73.6%).
- A slightly higher rate of Cypress residents (16.0%) rely on government transfers as their source of income than Saskatchewan residents as a whole (14.7%). Twelve point eight percent (12.8%) of Cypress residents state 'other money' as their primary source of income compared with 11.7% of Saskatchewan residents as a whole.

Education Levels

According to Statistics Canada 2001 Census Survey data (the most recent data available), residents of the Cypress Health Region are slightly below the provincial rate of persons with a high school graduation certificate, or equivalent, and with post-secondary credentials.

Statistics Canada uses the 25-29 year old cohort to track successful completion of high school. Within this group, 79.5% of Saskatchewan residents possess a high school graduation certificate or equivalent, while only 73.3% of health region residents have earned the same designation. When tracking post-secondary credentials, Statistic Canada expands the age group to 25-54 years old. Within this group, 51.6% of Saskatchewan residents as a whole have post-secondary education, while 46.0% of Cypress residents have the same credentials.

Emerging Health Issues

Emerging health threats can happen at any location within the health region, province, nationally or internationally. In conjunction with Saskatchewan Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

Although the incidence of West Nile Virus cases was relatively low in 2004 in comparison with the extreme high number of cases in 2003, the threat of West Nile continues to be a real one. The health region continues to work in close collaboration with the Provincial Medical Health Officer, Provincial West Nile Virus Coordinator, and Health Canada during the West Nile season.

The threat of a Pandemic Influenza outbreak has been well documented over the past several years. Preparations and planning for such an outbreak are done in conjunction with our provincial and national counterparts. The general public and health care staff must be kept informed of potential issues as they arise – human and financial resources are required to meet such challenges.

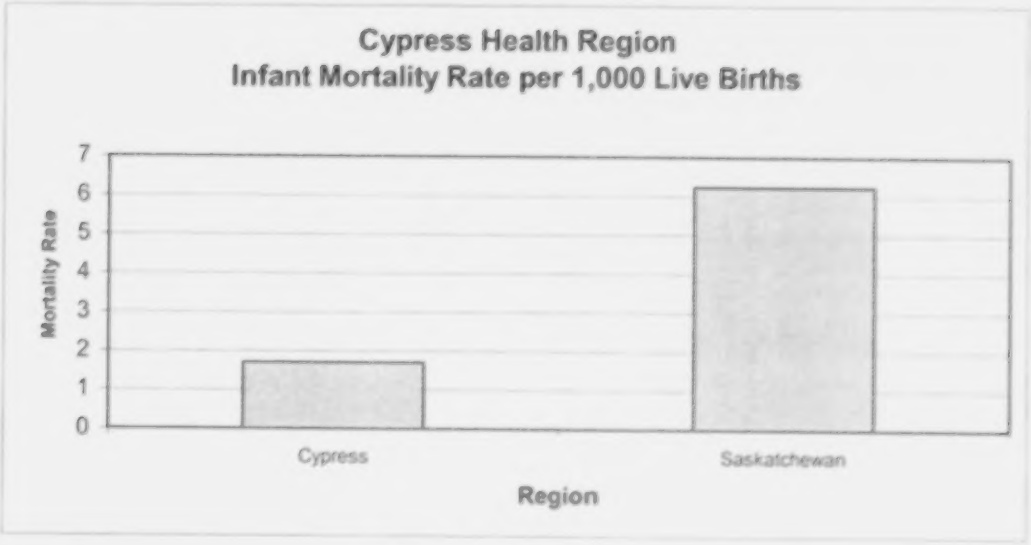
The provision of safe drinking water sources will continue to be a priority for public health resources. The requirements for routine inspections and testing of water sources in rural-based communities remain a concern for municipalities and residents.

Major challenges to the provision of care in the Region include vast distances, a sparse population and the limited number of health professionals willing to practice in remote locations. Still, the overall health status of residents of the Cypress Health Region is very good when compared to our provincial counterparts.

The Health Status of Cypress Health Region Residents

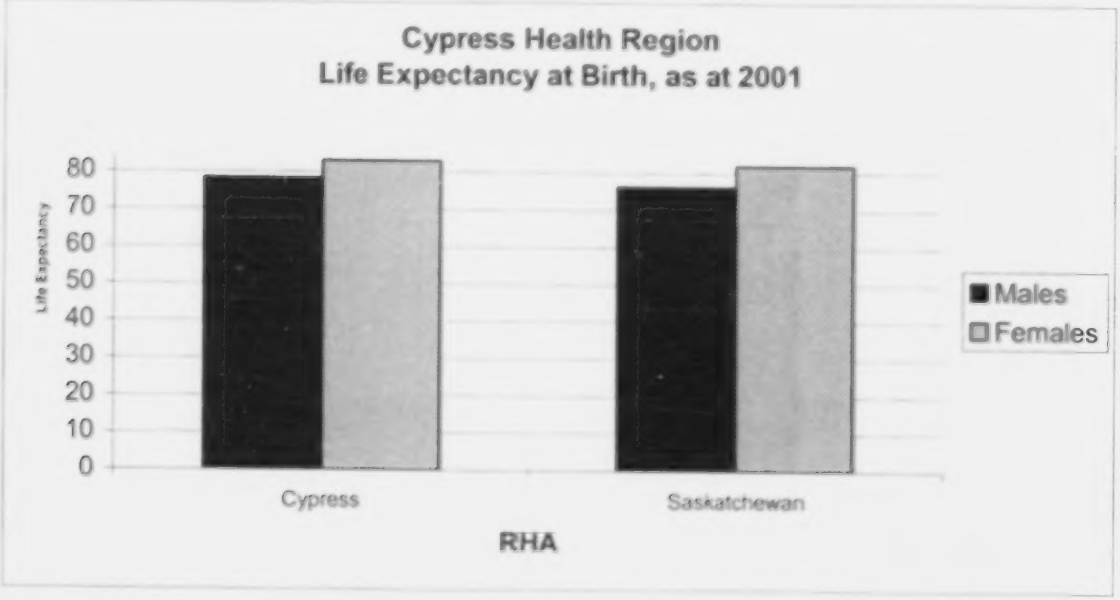
Infant Mortality

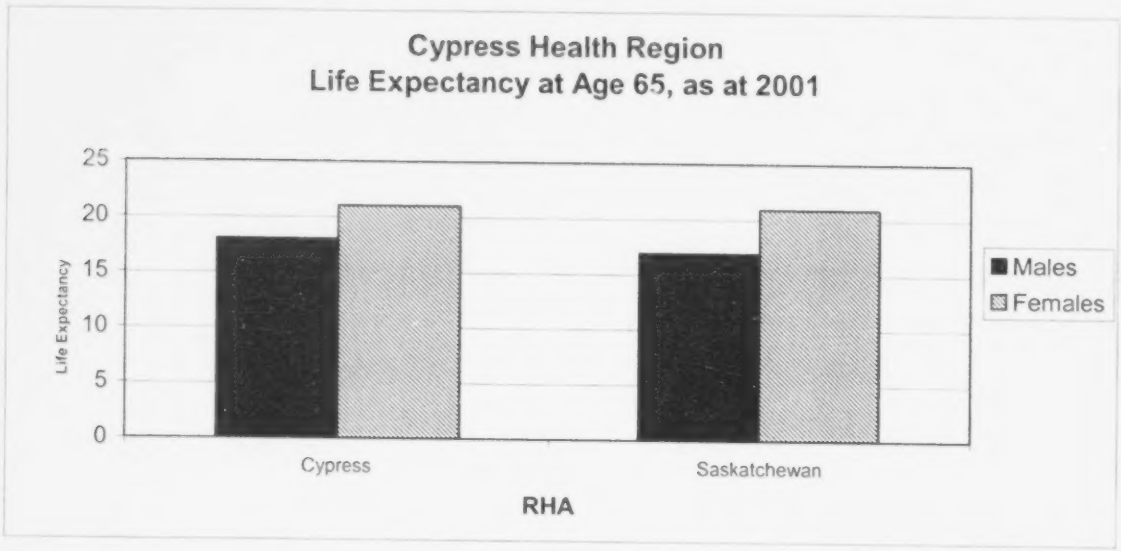
As in previous years, the Cypress Health Region continues to have the lowest infant mortality rate of any health region in Saskatchewan and this is reflective of a generally positive population health status for the region. At 1.7 infant deaths per 1000 live births between 1998-2002 (most recent data), the infant mortality rate in the Cypress Health Region is substantially lower than the provincial average of 6.24 infant deaths per 1000 live births.



Life Expectancy

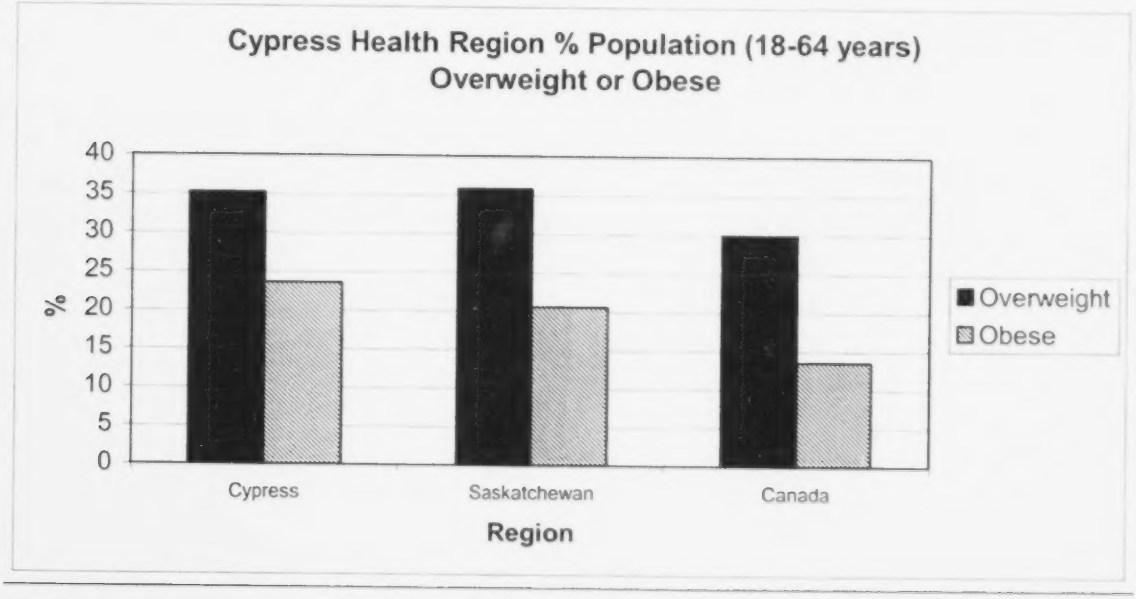
Once again, the trend continues for the Cypress Health Region boasting the longest life expectancy at birth of any health region in the province. Life expectancy at birth continues to be higher for both males (78.2 years) and females (82.8 years) than the provincial average. Life expectancy at age 65 for both females and males in the Cypress Health Region continues to be above the provincial averages and, in the case of males, is the highest in the province, while female residents over 65 continue to live slightly longer than their provincial counterparts and have the third longest life expectancy for females in the province.





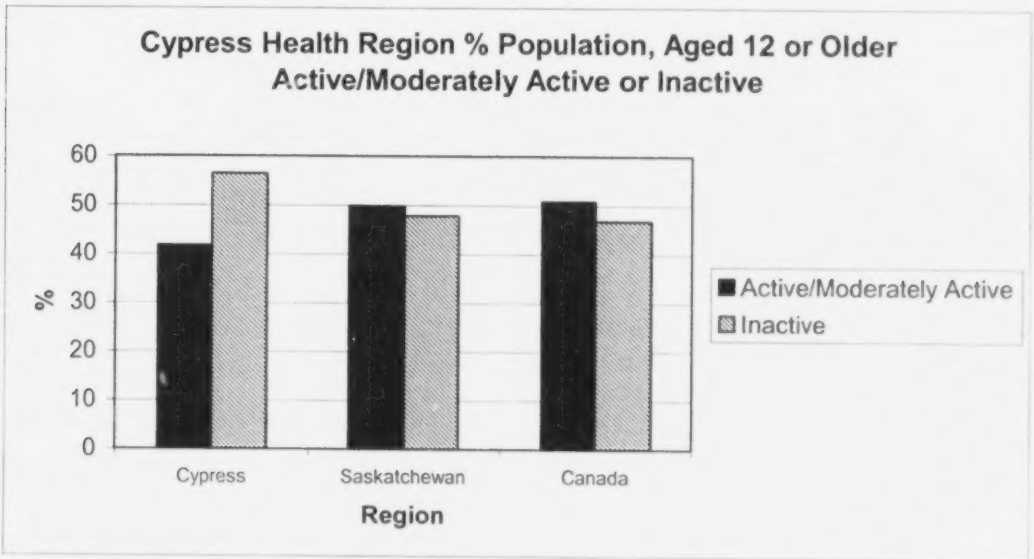
Percentage of Population (age 20 to 64 years) who are Overweight or Obese

Overweight persons for this measure are those with a Body Mass Index (BMI) of 25.0 – 29.9, while obese persons are considered those with a BMI of 30.0 and over. Cypress Health Region residents are on par with the provincial and above the national averages for percentage of overweight persons, and above both provincial and national averages for obese persons, though we are lower than some other regions in the province.



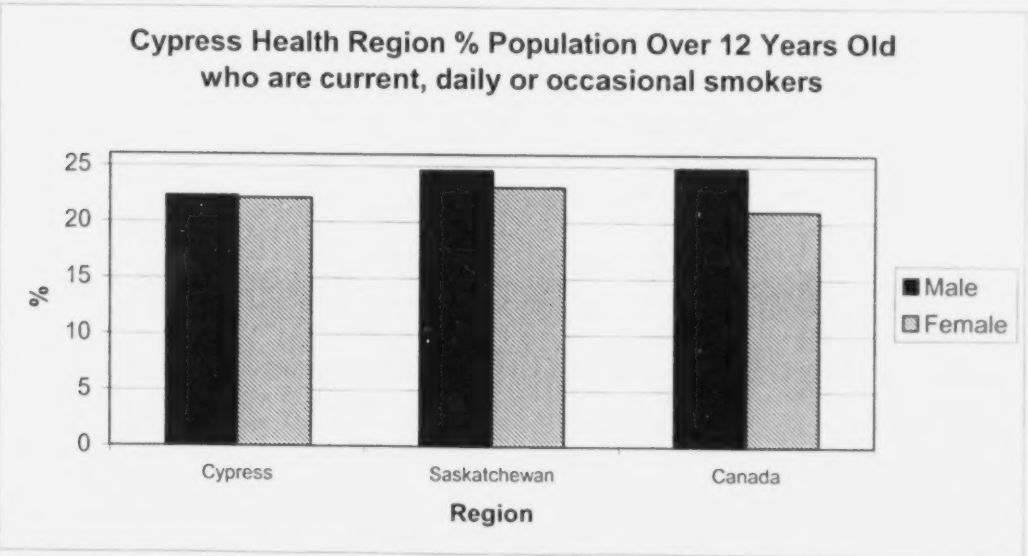
Percentage of Population (age 12 and over) who report physical activity participation levels of active/moderately active or inactive

Unfortunately, in the Cypress Health Region the percentage of those who report they are active or moderately active is well below provincial and national rates and is the lowest in the province, while the percentage reporting they are inactive are above both provincial and national percentages and is the highest in the province.



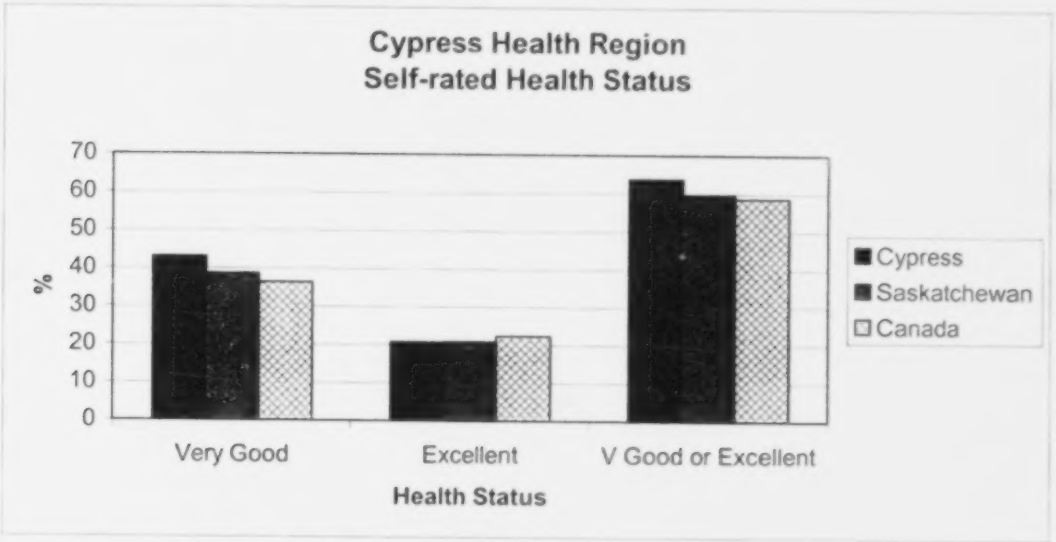
Percentage of Population (aged 12 years and over) who are current, daily or occasional smokers (smoking rate)

While smoking rates for males over 12 are below both provincial and national percentages, females in the region are below the provincial rate, but above the national rate. Overall, the Cypress Health Region compares favorably when measured against other regions in the province.



Self-rated Health Status: percentage of the population who rate their health status as "very good" or "excellent"

This indicator uses information gathered by the Canadian Community Health Survey. The percentage of Cypress Health Region residents who report their health status as "very good" is above both the provincial and national standards, though the percentage who rates their health status as "excellent" is slightly below provincial and national rates. When the "very good" and "excellent" responses are combined, Cypress residents once again exceed national and provincial rates.



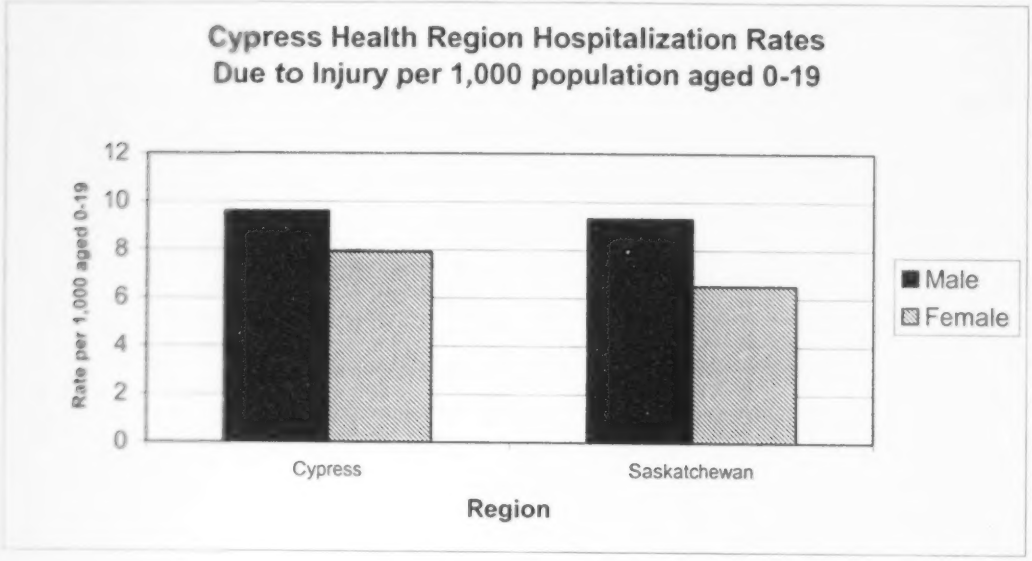
Age-adjusted diabetes prevalence rate per 1,000 population

The age-adjusted diabetes prevalence rate per 1,000 population for the Cypress Health Region is 39.1 and compares favorably with other health regions in the southern portion of the province. In comparison, the provincial rate is 40.0 per 1,000 population.

Due to the prevalence of other risk factors such as obesity and lack of physical activity, the prevalence of diabetes is likely to remain an issue for the health region.

Injury hospitalization rate per 1,000 population (age 0-19 years)

Unfortunately, both males and females in the Cypress Health Region suffer slightly higher hospitalization rates due to injury than the provincial average



Resources

The Cypress Health Region employs a total of approximately 1,600 staff, including a mixture of unionized (Saskatchewan Union of Nurses [279], Service Employees International Union [1,149], Health Sciences Association of Saskatchewan [92]) and non-unionized professional and support employees (64 total = 45 management and 19 administrative support distributed throughout the health region).

Approximately 60 physicians provide service within the health region's communities, including family physicians and specialists. Specialty physician services (either resident or visiting) that are provided include internal medicine, obstetrics and gynecology, ophthalmology, pediatrics, pathology, psychiatry, radiology, surgery, urology, population health, anesthesia, nephrology, orthopedics, and ear/nose/throat.

The health region provides a mixture of regional and community acute hospitals, long term care facilities, and health centres that provide facility-based programs and services to the residents. It also provides a broad variety of community-based programming, home care services, primary health care, and emergency medical services.

Risks

Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (i.e. physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists) will continue to create issues for the continuation of service provision in some areas.

The Cypress Health Region has a number of rural-based single physician practices, which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and distribution of population in our rural areas, access to physician services may become an issue.

Although the provincial department of health receives a large majority of funding from the Treasury Board, health care costs and expenditures continue to escalate at a more advanced pace than the funding that is provided. Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

One of the most challenging aspects of bringing goals and objectives to fruition is the lack of appropriate human and financial resources. While the Cypress Health Region readily endorses the recent focus on quality improvement, patient centered care and accountability throughout the health care system, such initiatives require targeted resources to make them a reality at the RHA level. There is a need for capacity building in this area if these activities are going to become core processes in the delivery of healthcare.

MAJOR INITIATIVES AND ACCOMPLISHMENTS

During the fiscal year of 2004-2005, the Cypress Health Region worked towards the vision, goals and objectives of the Regional Health Authority and *The Action Plan for Saskatchewan Health Care*.

The following information provides a summary of our broad achievements and accomplishments during the year, as per our four major goal statements that are listed earlier in this document. This summary is not intended to provide an exhaustive list of initiatives.

Goal #1 – Improved Access to Quality Health Services

- The Leader Primary Health Care site was operationalized this year. A Registered Nurse (Nurse Practitioner) has been hired and is providing primary health care services in conjunction with a medical group of three physicians. The creation of a satellite site in Eatonia was completed via a joint project with the Heartland Health Region.
- The surgical program at the Cypress Regional Hospital was enhanced this year with the addition of orthopedic arthroscopy procedures and ENT minor procedures. These additions will enable the accommodation of patients who are on a provincial waiting list for these procedures.
- A dedicated day surgery department was created with the purpose of preparing, processing, and discharging surgical cases in one location. The existing Preadmission Clinic provides preadmission assessment and pre-surgery preparation in one location, thereby improving accessibility.
- The purchase of new endoscopy equipment and initiation of a new sterilizing process allows the surgical program to assist with the provincial wait list for endoscope procedures.
- The region participated in a Mock Disaster in conjunction with the City of Swift Current and EMS services. The event witnessed participation from a large number of service providers in the Swift Current community and surrounding area.
- EMS services were enhanced with the recruitment of a family physician to serve as an Emergency Medical Director for the region.
- Protocol developed to deal with snakebites, with anti-venom available at Cypress Regional Hospital in Swift Current.
- New Computerized Tomography (CT) unit purchased – permanent unit replaced existing unit shared with Moose Jaw Regional Hospital. The multi-slice unit provides enhanced image clarity and allows for electronic transfers of image to provincial sites to assist in interpretation.

- Chemotherapy department transferred to a larger area within the Regional Hospital, creating a more relaxed environment and more room to provide services.
- Regionalized case management processes and procedures, standardized assessment tools, and a single waitlist for long term care placement has been achieved. Case managers are utilizing the Procura software program to assist in program planning and evaluation.
- Design planning continued for the new Cypress Regional Hospital. Site construction was initiated in March 2005.
- Continued partnership with the Dr. Noble Irwin Regional Healthcare Foundation.

Goal #2 – Effective Health Promotion and Disease Prevention

- A Population Health Promotion Strategy was developed in conjunction with the Provincial Strategy. Several working groups continue to develop the operational components of the strategy. Excellent working relationships with community members have been created throughout the strategy development process.
- The "Accessible Nutritious Foods" program was created as part of the Population Health Promotion Strategy. This program will include a variety of community development initiatives intended to increase the nutritional health of the public, including the development of Community Kitchens.
- In partnership with the Cypress Hills Regional College, the "Books for Babies" program was developed. This program's objective is to promote literacy in young children.
- The creation of an Early Childhood Assessment Team is allowing for consistent and early assessment and diagnosis of issues and planning for young children.
- Continued involvement with the education system in the implementation of the School Plus program.
- Community Action Teams have been established to develop a Southwest Drug Strategy that will address substance use/abuse throughout the health region. A community advisory process and an intersectoral focus have been used to support the work of the committee.
- Public Health Nurses have implemented three new immunization programs, with the introduction of Meningococcal conjugate, Varicella, and Pneumococcal conjugate.
- Extensive planning for major communicable diseases, such as influenza pandemics.
- The health region worked in conjunction with a Provincial West Nile Virus educator position that was based in Swift Current.
- Initiation of "Put Your Best Foot Forward", an awareness/education program aimed at reducing the risk of falling among the senior population.

Goal #3 – Retain, Recruit, and Train Health Providers

- The region received a Saskatchewan Association of Health Organization's Green Ribbon Award for its Ability Management Program that is intended to assist managers and employees with the management of absence due to illness or injury. The program has assisted the health region in achieving Merit Rebate Awards from the Workers' Compensation Board and accolades from WCB as a best practice for assisting employees to return to work earlier.
- The implementation of an Attendance Support Program is intended to assist with the reduction of absenteeism impacts on the operations of the health region. The plan will focus on three phases designed to assist employees in achieving optimal attendance.
- Telehealth educational and clinical opportunities were enhanced during the fiscal year.
- Home Care Aide rosters have been revised to maximize staff availability and matching of staff to clients to enhance consistency and continuity of care.

- A Representative Workforce Coordinator was recruited which led to the initiation of aboriginal awareness training opportunities for staff. As of the end of the fiscal year, over 5% of health region staff had participated in the training. Together with the province, SAHO, affiliates, and union partners, the health region signed an Aboriginal Employment Partnership Agreement in March 2005.
- Mental Health Services hosted the Western Canadian Conference on Psychiatric Rehabilitation in the fall of 2004.
- Recruitment efforts continued for hard-to-recruit professionals such as registered nurses, nurse practitioner, specialty physicians, general practice physicians, public health inspectors.
- Creation of Workplace Wellness Committee with staff representatives from all communities within the health region. One of the initiatives was the "10,000 Step Challenge" that resulted in approximately 30% of the region's staff participating.
- Training opportunities were provided including Primary Care Paramedic course, a bridging program to provide Emergency Medical Technicians an opportunity to work towards their Primary Care Paramedic certification, CSR staff completing a distant education module from the Vancouver Community College.

Goal #4 – A Sustainable, Efficient, Accountable and Quality Health System

- Preparations for a region wide accreditation survey culminated in a visit from the Canadian Council on Health Services Accreditation in June 2004. The region achieved a 3-year accreditation award with a focused visit, which will occur in the fall of 2005.
- Eleven Quality Teams continue to develop strategies to enhance the quality of care provided to clients in specific disciplines.
- Continued relationship with the Health Quality Council regarding Innovation Funding and other health quality initiatives.
    - Participated in the Patient Experience Survey – 52% return rate from patients. The public release of the survey results is expected in late-spring 2005, and additional strategies will be developed in relation to the results.
- Two surveys were completed with the residents and families of long term care facilities, resulting in a 90% and 95% satisfaction rate with the quality of care received in those facilities.
- Public health staff initiated the utilization of new software (iPHIS) to enhance the management of communicable diseases.
- A preventative maintenance system was developed and implemented throughout the health region.
- The Cypress Regional Hospital amalgamated the existing pediatric and obstetrical wards into a Women's & Children's Services ward to focus on best practice guidelines from other health authorities. A new pediatrician was recruited to assist with the delivery of services to pediatric clients.

PROGRESS AND RESULTS

Organizational Effectiveness

Governance and Management

The Cypress Regional Health Authority is supportive of the provincial government's *Action Plan for Saskatchewan Health Care* strategic direction, and as such, the region's goals and objectives reflect those of Saskatchewan Health. The Authority and senior administration regularly consult with officials from Saskatchewan Health regarding directives, program guidelines, and operational issues.

The staff and physicians participated in a strategic planning process to assist in developing a number of key operational strategies that were guided by the goals and objectives of the health region. The staff identified a series of strengths, opportunities, weaknesses and threats, as well as areas for improvement that could be explored. This input directly resulted in the creation of twelve key operational strategies that focused the efforts of staff on achieving them.

Consultations with communities and key stakeholders provided the forum to discuss the future delivery of health care services in the communities of Herbert and Climax. The Chairperson and Chief Executive Officer have visited municipal council meetings and other community forums to participate in discussions regarding health care concerns in their specific community and surrounding areas.

Intersectoral initiatives such as the Regional Intersectoral Committee and Education Committee provide the opportunity to discuss issues and concerns that have an effect on more than one organization or service provider. Community services staff have been directly involved in the implementation and provision of services for the School Plus program in the education system.

Future planning of health services and programs benefits from the information that has been gained from the intersectoral relationships, community consultations, and needs assessment activities undertaken during the creation of the Population Health Promotion strategy and Primary Health Care model.

Quality

Eleven Quality Teams have been developed to oversee the process of quality improvement within their specific area of expertise. These eleven teams report to a Regional Quality Steering Team that is comprised of the Chairpersons of all Quality Teams. The Regional Health Authority is kept abreast of the teams' progress and activities via a report provided by this Steering Team.

Representatives of the Canadian Council on Health Services Accreditation visited the region in June 2004. These representatives compared the health region's processes and operations to a national set of standards that focus on quality client care. Following the visit, the region received a three-year accreditation award with a focus visit that will occur in the fall of 2005. The Quality Teams led the way in preparing for the initial visit and are continuing to prepare for the focus visit.

The health region has a positive relationship with the Health Quality Council, and has been directly involved with the Council in a variety of quality improvement initiatives. One such initiative was the Patient Experience Survey that was completed in 2004 – the region is waiting for the public release of the survey results in June 2005. The region is also utilizing the results of the Post-AMI Study to develop an enhanced cardiac care program for the region.

The Regional Quality Care Coordinator (QCC) investigates concerns that are initiated by clients within the system. The QCCs work in conjunction with the appropriate front-line manager to resolve the concerns through initiating change to improve care or service, or educating clients as to processes and procedures to alleviate concerns. A second staff member is assisting with the QCC process with the initial intake and assignment of the first phase of investigation by the specific manager involved.

During the reporting period of April 1, 2003 to March 31, 2004, a total of 109 contacts were made with the QCC to raise a total of 104 concerns. The primary concerns were categorized as one pertaining to care delivery (37), cost (20), non-jurisdictional (20), and access to service (14).

With the exclusion of the 20 non-jurisdictional contacts, a revised total of 89 contacts and 84 concerns were raised during the 2003-2004 fiscal year. Of the 84 concerns, 81% were resolved within a period of 30 days. By comparison, the provincial average for the conclusion of concerns within 30 days was 87%. A resolution time of less than 30 days is considered to be acceptable. The concerns that were not resolved within 30 days involved a number of services/programs and managers, and thus took more time to investigate.

The Quality Care Coordinator is directly involved in the coordination of the critical incident and adverse event reporting. In line with provincial legislation, the health region has a defined process for the reporting and investigation of critical incidents. The health region is utilizing a "Root Cause Analysis" approach to investigate critical incidents and invite all stakeholders that were directly or indirectly involved to participate.

Human Resources

The health region participates in the Joint Committee on Health Human Resources to develop, implement and monitor human resource planning and strategies for the province. In conjunction with provincial initiatives and strategies, Cypress has developed a Human Resources Plan that emphasizes the importance of recruitment and retention initiatives, endorsement of the representative workforce program, the creation of healthy workplaces and monitoring of absenteeism from the workplace.

Sick leave costs and the health of employees are major concerns for the Cypress Health Region. For the year 2004-2005, the number of sick leave hours per full time equivalent (FTE) by affiliation is as follows:

Saskatchewan Employees International Union (SEIU)	97.64 hours/FTE
Saskatchewan Union of Nurses (SUN)	85.01 hours/FTE
Health Sciences Association of Saskatchewan (HSAS)	74.77 hours/FTE
Out of Scope/Non-Unionized	42.76 hours/FTE
CYPRESS HEALTH REGION TOTAL	90.84 hours/FTE

We are working on steps to support a quality work life and reduce the costs of sick time and overtime. In 2004-2005, the health region developed an Attendance Support Plan aimed at reducing the impacts of absenteeism in the region. The Plan provides assistance to managers and employees in their efforts to enhance regular attendance at work by increasing employee awareness of absenteeism and reinforcing the positive factors that improve attendance.

In 2004-2005, an emphasis was placed on workplace wellness and quality workplaces. A Regional Wellness Committee was formed with representatives from each of the region's communities, who now act as central contacts for community and region sponsored wellness events. One wellness event witnessed an approximate 30% of staff participate in a "10,000 Step Challenge."

A Representative Workforce Coordinator was recruited and initiated the Aboriginal Awareness Training to staff. In March of 2005, the health region signed an Aboriginal Employment Partnership agreement to encourage Aboriginal people to pursue careers in healthcare and to ensure that the health region will become an employer of choice for Aboriginal healthcare professionals.

The health region partners with professional organizations such as SRNA, SALPN, and the College of Physicians & Surgeons to monitor and ensure that staff/association members have the required competencies. Licensed Practical Nurses are provided the opportunity to exercise their full scope of practice, and LPNs are no longer hired without the full scope of educational skills.

Financial

The Cypress Health Region continues to prepare its operational and financial plans according to the information that is made available via Saskatchewan Health. Financial planning is approached in a manner that would secure a balanced budget every year. The region's operational and financial plans are forwarded to Saskatchewan Health for the review and approval, and thus, all proposed transfers of funding between established pools of funding are discussed with Saskatchewan Health prior to the actual movement of funds.

Information Management

The Information Management Quality Team is coordinating a needs assessment with staff members who are involved with the flow of information (electronic, paper, verbal) in the operations of the region. The results of the needs assessment will be available in the spring of 2005 and will provide information required to finalize the health region's Information Management Plan. This plan will guide the collection, use, protection and dissemination of information within and outside the organization.

The health region continues to utilize a variety of provincially mandated or standard health information systems to ensure consistency and cost efficiencies. Examples of these systems include those in population health, mental health, ambulance services, integrated clinical system, long term care, renal dialysis, payroll and surgical care network.

Staff membership on the provincial privacy task group has provided a mechanism for becoming compliant with recent provincial privacy legislation (Health Information Protection Act). In addition, the Team is involved in a HIPA compliancy tour throughout the region that will provide details on the future processes necessary to ensure the confidentiality and privacy of its clients.

An Information Technology Plan has been developed to identify current and future IT needs and to set out strategies to address IT requirements.

Communications and Issues Management

The Regional Health Authority works with Saskatchewan Health, the Minister of Health, other regional health authorities, and the Saskatchewan Association of Special Care Homes to effectively plan and coordinate communication approaches to build public support and awareness for delivery of health care services.

The existence of Joint Provincial Committees allow for discussion of issues and communication strategies amongst colleagues from other regional health authorities, Saskatchewan Health, and the Minister of Health. One such committee is the Joint Communication Committee, whose members engage in two-way dialogue to ensure consistency of messaging between Saskatchewan Health and the health regions when faced with issues that may have regional and/or provincial implications.

Positive working relationships have been created with the regional and provincial media to provide the means for a joint exchange of information that is beneficial for both parties. A series of news releases and media interviews with a variety of media mediums (newspaper, radio, web-based video) have been coordinated to assist in the distribution of information to staff, physicians, and the public.

Capital

The Capital Equipment Committee provides the framework for short and long term planning for the replacement of capital equipment requests. They evaluate requests, investigate the options available, and prioritize the multitude of capital requests that are submitted from community-based and facility-based programs and services.

The health region received $1.6 million in revenue as per the agreement reached between the provincial and the federal governments at the First Ministers meeting. A portion of this revenue was directed to the purchase of equipment relating to quality workplaces, workplace safety, diagnostic imaging, and surgical suites.

The region has a strong relationship with the Dr. Noble Irwin Regional Healthcare Foundation that plays a significant role in revenue generation that targets capital replacement.

A consistent preventative maintenance program has been established throughout the health region to assist in identifying and correcting facility/equipment problems. The health region has contractual relationships with biomedical organizations to assist in the proactive maintenance of equipment. The use of the Main Boss software system assists the maintenance staff in prioritizing and scheduling their work routines.

Reporting

The health region works in conjunction with the needs and timelines of Saskatchewan Health as it pertains to the provision of information and formalized plans/strategies.

The region's Quality Teams are utilizing statistical information to assist in the development of performance indicators to evaluate the teams' efforts. The combined evaluation is provided to the Regional Health Authority on a regular basis.

Program-Specific Expectations

Province Wide Services

The Cypress Regional Hospital continues to provide a quality based computerized tomography (CT) scanning service. The purchase and installation of a new permanent multi-slice, multi-detector CT scanning unit was a tremendous enhancement to the CT services provided by the Diagnostic Imaging department. With the unit's ability to store images electronically, it also has the ability to transmit images to provincial sites for interpretation. There were almost 2,400 CT scans completed during 2004-05, which equates to an increase of 59% over the previous fiscal year.

In conjunction with the Saskatchewan Cancer Agency, the chemotherapy program offered at the Regional Hospital continues to offer a range of cancer treatments to the residents of the southwestern corner of the province. The renal dialysis program offers services to clients close to their homes, avoiding the travel to Regina or Saskatoon.

The existence of Telehealth programming continues to be a vital and growing service within the region. The initial site is located in the Regional Hospital, with plans being considered to implement additional sites throughout the region in future years. The service is used for clinical, educational and patient access to specialty care in other centres throughout the province and country.

Acute Care

The Cypress Health Region operates one regional hospital in Swift Current and 4 community hospitals in Maple Creek, Leader, Shaunavon, and Herbert. The fiscal year witnessed the completion of the functional plan and initial design for the new Cypress Regional Hospital. Construction began in March 2005, with the anticipated move-in date set for fall of 2006.

A strategic plan for the integration of health services in the community of Herbert was established and extensive discussions have been held with the Advisory Committee in Herbert. The plan would include the integration of acute services with the existing Herbert Nursing Home.

A review of the surgical program was undertaken in the 2004-05 fiscal year. The objectives of the review were to determine if the existing surgical program was meeting its expectations, if there was additional capacity for the program, and to evaluate the processes that currently existed in the program. The review will be treated as a "living document" and will be utilized to strengthen the program in the future years.

Discussions were held with the physician group in Swift Current regarding the establishment of 24-hour on-site emergency physician coverage for the Regional Hospital.

Medical/Physician Services – Specialists

The positive recruitment of specialty physicians allows the health region to provide a multitude of services to assist in the provision of a broader continuum of acute services.

All Tier I specialty services that have been committed to are providing continuous and on-going call coverage.

Institutional Supportive Care (Long Term Care)

Long-term care services are provided across the health region's communities in a variety of standalone long term care facilities and integrated facilities (with a health centre or acute facility). The health region's affiliate partners in Herbert and Ponteix (Foyer St. Joseph) maintain the long term care facilities in those communities.

Respite and day programs are offered in all communities. Regional screening was established during the fiscal year and is operating very efficiently for the optimal utilization of the region's beds. MDS/RUGs is fully implemented in all long-term care settings. The integration of psychiatry services and long term care became a reality for the facilities located in Swift Current.

The development of a Wound Care Resource Coordinator has seen vast improvement in the prevention of wounds, the treatment of wounds, as well as the education and understanding from nursing staff.

A survey with all long-term care residents and their families was completed in 2004 and 2005. The region was very pleased with the results, as 90% and 95% (respectively) of residents and/or their families were satisfied with the overall quality of care they are receiving in our facilities.

Home-Based Supportive Care

A full array of home-based supportive care services is available throughout the health region. Regionalized case management processes and standardized assessment tools have been achieved this year. The *Regina Risk Indicator Tool*, an evidence-based process, is used to assess the risk of institutionalization for every home care client receiving supportive services.

Case managers utilize Procura, the provincial client and staff data management system, to record and track statistics and other information, which provides accurate and reliable data valuable for program planning and evaluation.

Access to the individualized funding option continues to be available to clients throughout the region.

A close working relationship has been formed with the Housing Authorities and licensed personal care homes. Home Care staff provides a level of assessment assistance in offering options to personal care home managers for the care planning and management of clients. Housing Authority clients access the respite and day programming services that are available in long term care facilities.

Population Health Services

A regional Population Health Promotion strategy was developed in partnership with a variety of community partners and members of the public. This strategy is in direct relationship with the provincial strategy. Specific working groups continue to develop specific operational strategies to deal with each goal and objective that was established.

The health region's population health team, including the nutrition, dietitian, dental health and acquired brain injury programs, is implementing a variety of population health initiatives. These include community kitchens, breastfeeding promotion and support, participation in the Healthy Food Coalition, and fluoride mouth rinse programs, among others.

Public health services continue to provide programming aimed at immunization services and health protection programs aimed at minimizing risk from environmental exposures, such as emphasis on safe drinking water and the potential for West Nile Virus. The education and enforcement activities surrounding the changes to, and implementation of *The Tobacco Control Act* were an integral component of public health inspection activities in the last quarter of 2004-05.

During the fall of each year, the public health nursing staff emphasize influenza immunizations as an upstream measure to avoid residents from contracting influenza and preparing for the potential of a pandemic. One of the risk groups identified in this strategy are those individuals aged 65 years and older.

As per immunization statistics for the 2003-04 fiscal year, the health region witnessed an increase in the percentage of seniors who took advantage of the influenza immunization when compared to the previous year. Over 61% of Cypress Health Region residents aged 65 and older received a flu shot during the 2003 campaign, compared to 57% during the 2002 campaign. Although the campaign's numbers increased, the percentage falls slightly below the 2003 provincial average of 66%.

The increase in influenza immunizations can be attributed to the public awareness campaigns targeting the importance of the flu shot as a means to guard against the virus. Flu clinics are held throughout the health region's communities, seniors housing units and in all long-term care facilities in an attempt to reduce barriers and improve access for the targeted populations.

The incidence rate of Chlamydia is an indicator that is used to determine high-risk, unprotected sexual activity. This information can be associated with the effectiveness of public health messaging on disease prevention and harm reduction. Although the health region's 2003 incidence rate per 100,000 population is substantially better than the provincial average, it has increased when compared to the 2002 rate. This increase may also be the result of increased screening for Chlamydia.

INCIDENCE RATE OF CHLAMYDIA
(per 100,000 population)

		Cypress	Provincial Average
2003	Males	27.4	268.1
	Females	53.8	473.4
2002	Males	13.4	251.3
	Females	26.3	453.1

A Cypress public health nurse representative sits on a provincial working group that is developing a coordinated strategy to address the high numbers of Chlamydia in the province. The provincial strategy is focused on prevention, management, and partner notification and follow-up.

The health region continues to participate in the development of the Southwest Drug Strategy, where Community Action Teams have been established to develop a plan that addresses substance use/abuse within the region. A community advisory process and an intersectoral approach have been used to support the work of the committee.

Community Care Services

The Cypress Health Region provides a comprehensive set of mental health, rehabilitation, alcohol and drug assessment, and problem gambling services. All of these programs provide services to children, adults and families.

Mental health and addictions services continue to have a community focus, with many partnerships that have been established. These partnerships include School Plus, McKerracher Services, Canadian Mental Health Association, Shared Service initiatives, and psychiatrist involvement with long-term care facilities. The region hosted the Western Canadian Conference on Psychiatric Rehabilitation in the fall of 2004, which provided an excellent educational opportunity for the staff and other health care providers.

Outpatient alcohol, drug and problem gambling services are available throughout the region. Services focus on prevention, education, early intervention and recovery. Services available to adults, youths, and families include assessment, individual and group counseling, treatment and community education. The Safe Driving program is coordinated through the Addictions program staff.

Clients who access the alcohol and drug outpatient treatment services benefit from the completion of an appropriate substance abuse program. During the 2003-04 fiscal year, the health region witnessed an outpatient treatment completion rate of 56.5%. In comparison, the provincial average for this indicator was 58.4%. This statistic marked a substantial increase in the health region's rate of completion when compared to the 33.5% completion rate in 2002-03.

The Experienced Mothers Program continues to provide volunteer support, guidance and practical assistance to expectant and younger parents. The region's program also includes an "experienced father" who is providing his assistance to young fathers who are in the early stages of parenting.

Full time Podiatry services are provided as part of the continuum of community care programming.

Physical and occupational therapists and speech language pathologists provide a variety of community-based and facility-based rehabilitation services throughout the health region. In conjunction with the Early Childhood Psychologist, these departments have formed an Early Childhood Assessment Team to assist in the early intervention of concerns with young children. The creation and implementation of several initiatives targeting prevention and education include "Put Your Best Foot Forward" (a quality initiative aimed at falls prevention) which will work in conjunction with a provincial falls prevention program. The creation of a therapy database will be utilized to assist in the reduction of waiting lists for clients of the therapies program.

Home Based Care and Palliative Care

As part of the continuum of care provision, the home care staff works closely with acute care staff in the development of an appropriate discharge care plan. This planning ensures that the client receives the most appropriate services that are required. As well, the staff maintains an ongoing communication with doctors and other care providers on a weekly basis.

Provision of appropriate and compassionate palliative care remains a priority in all communities within the region. The region has been fortunate to receive targeted donations aimed at enhancing the environment of the palliative care rooms for clients and their families. Cypress was the second health authority in the province to host a course specifically targeting palliative care education. The *Learning Essential Approaches to Palliative and End-of-Life Care* (LEAP) course is specifically designed for rural physicians, registered nurses, and pharmacists who need to work together on the delivery of palliative care in rural community and hospital settings.

Primary Care Services

Health centres in Vanguard and Hodgeville continue to serve as primary health care sites on the east side of the health region.

The health region was successful in implementing a primary health care site in the community of Leader during the fiscal year. A Registered Nurse Practitioner was recruited and works in conjunction with the three physicians in the community. The local private pharmacy has partnered with the health region as a member of the primary health care team. In a partnership with the Heartland Health Region, the RN (NP) also travels to the community of Eatonia to provide primary health care services.

The recruitment of a Team Facilitator position is providing assistance with the creation of primary health care teams and increasing the awareness of the Primary Health Care concept across the region. Participation in a variety of community and regional trade and health shows has added to the public's understanding of the primary health care model.

A number of communities have expressed interest in the primary health care model. The health region is continuing to have discussions with municipal representatives, physicians, and other health care providers in these communities as we work towards a broadened primary health care network.

The health region has a representative on the provincial committee that includes the Saskatchewan Medical Association, Saskatchewan Health and health authorities. This committee is discussing the details of alternate payment plans for physicians involved in primary health care settings.

Emergency Response Services

Emergency Medical Service sites are stationed in twelve communities throughout the health region. A number of affiliated organizations are included in these locations. The health region benefits from the availability of several First Responder groups that are located throughout the region.

Ambulances and personnel are dispatched via 911 Dispatch from Regina.

The latest statistics state that over 98% of all EMS calls include at least one of the providers having a minimum of Emergency Medical Technician (EMT) level training. The region has provided a variety of training opportunities to upgrade the skills of ambulance personnel to a national standard of Primary Care Paramedic (PCP). They continue to work with several sites that are experiencing a shortage of personnel to recruit additional members and to provide educational assistance to maintain a high level of high-skilled service providers.

Advanced Life Saving (ALS) services are maintained at the EMS sites in Swift Current, Cabri, and Leader. The site in Shaunavon is anticipated to begin their training during the next fiscal year.

The health region has representation on the provincial EMS Working Group that is comprised of health authorities and Saskatchewan Health officials. This group has been discussing the issue of waiting times and options are being explored.

A mock disaster was held in the community of Swift Current in May 2004 with the health region playing a major role in the event. The region's Emergency Preparedness protocol was implemented and tested against the issues that the disaster presented, which allowed the protocol to be enhanced for future occurrences.

Mental Health and Addiction Services

A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. There is access to emergency services and the unit is staffed 24 hours per day. A psychiatrist is on call 24 hours per day, 7 days per week.

The inpatient unit continues to have one of the lowest average length of stays in comparison to the provincial average for this type of service.

The Mental Health and Addictions departments underwent a major review of its variety of services, delivery service methods, and its statistical results from past fiscal years. During the process, valuable input was received from community partners, referral agencies, physicians, general public, staff, and clients of the service. This review is being utilized to develop a framework that will provide a strategy for the future, and will address the options available to reduce the readmission rates for mental health inpatients.

Medical/Physician Services – Other

A member of the Senior Management Team serves as a liaison with Saskatchewan Health regarding medical manpower issues. The recruitment of the Chief of Medical Staff provides assistance with issues and concerns in relation to medical practitioners throughout the region.

The Medical Advisory Committee meets on a regular basis to address issues pertaining to clinical care, policy development and other matters within the variety of facility and community based services and programs.

All region physicians who are on an alternate payment plan are submitting shadow billings for measurement purposes.

Program Support Services

The health region has incorporated a centralized accounting and payroll services system for its clients and staff. The compliance with the Provincial Chart of Accounts based on MIS guidelines provides a consistent flow of information to Saskatchewan Health and allows for comparative statistics with other health authorities.

Support expenditures for the health region's programs and services are provided within the established levels as determined by Saskatchewan Health. The health region strives to achieve operational efficiencies throughout its routine evaluation of its programs and services. Materials management processes have continued to streamline the purchase of goods and supplies in an attempt to minimize inventories and promote the use of provincial contracts and bulk pricing.

The region continues to work with its affiliates, community-based organizations and private contractors to develop consistent and appropriate financial and service delivery reporting structures and timeframes.

Cypress enjoys a positive relationship with Saskatchewan Health in achieving our mutual and joint goals and objectives. Communication with municipal partners, community advisory committees, media contacts and the general public continue to provide information and rationale to increase the understanding of the operational plan that the health region has approved.

CHALLENGES AND FUTURE DIRECTIONS

The Cypress Health Region is proud of the progress and achievements that have been realized since its inception in August 2002. However, a significant amount of planning and formalization remains to be accomplished. In conjunction with *The Action Plan for Saskatchewan Health Care*, our Vision, Values and Operational Goals/Strategies will provide us with the framework to guide our planning.

The creation of additional primary health care sites and teams will continue to be a priority for the health region. Several communities within the region have expressed a desire to become involved with the primary health care model. Ongoing discussions will be held with community leaders, physicians and other health care professionals to work towards this goal. The attainment of a provincial agreement between Saskatchewan Health and the Saskatchewan Medical Association will be a key ingredient to the success of this initiative.

Surgical care programming at the Cypress Regional Hospital will continue to explore opportunities to assist with the provincial waiting list issue. The results of a surgical program review undertaken in 2004-05 will present a variety of feedback to develop new initiatives and enhance existing services. An increased throughput of surgical cases will have an impact on the demand for home support services and home care therapy.

The region will undertake an internal review of its emergency medical services in 2005-06. The review will assist in determining the future priorities for the program in the future, including additional training opportunities to develop enhanced skill levels for staff and the creation of an active First Responder Program throughout the region.

Construction on the new Cypress Regional Hospital will require much dedicated staff time and effort. The health region will continue to work with staff, physicians, municipal partners and the Dr. Noble Irwin Regional Healthcare Foundation as we move towards the anticipated transfer to the new facility in the fall of 2006.

As we keep abreast of provincial and federal initiatives, the First Ministers' Accord has identified 3 priorities for home care into the future. Consideration of acute mental health home care, acute home care, and end-of-life home care will require additional resources and training necessary for staff members to become knowledgeable with the demands of these priorities.

The health region will continue to develop initiatives around its Population Health Promotion strategy, in partnership with its community leaders and members. Public health resources will be required to further the pandemic influenza plan and continue to monitor safe sources of drinking water in our rural areas. With the enhancement of the influenza program target group to the 6-23 month olds, additional staffing resources will be necessary to maintain the expectations of the program.

An issue that will require continual attention will be the recruitment and retention of health care professionals. The Cypress Health Region will always be in competition with other health authorities throughout the province and country to attract hard-to-recruit professionals. The increasing average age of employees and increased numbers of anticipated retirements in nursing professions will not subside – during 2004-05, the health region witnessed 9 registered nurses, 7 special care aides, and 5 licensed practical nurses retire. We will continue to seek new recruitment and retention initiatives to become the "employer of choice" in the Saskatchewan health care industry.

The health region will participate in the province wide Employee Satisfaction Survey which will commence in May of 2005. The feedback from the survey will provide information regarding the workplace environment, patient safety, and other workplace issues.

Continued attention will be directed towards increased aboriginal awareness training for our staff and the ongoing initiation of our Attendance Support Program. These workplace initiatives will attempt to provide a healthier workplace for our employees – current and future.

Quality will be an important focus for the Cypress Health Region in our everyday work lives. The ongoing attention to quality will be a priority for the eleven Quality Teams that develop strategies in an attempt to enhance the existing high level of health services that we provide. The Canadian Council on Health Service Accreditation's focused visit in the fall of 2005 will offer an opportunity for the region to provide evidence of the level of achievements that have occurred since the Council's last visit in June of 2004.

Ongoing attention will be directed towards the integration of the Health Information Protection Act and related practices/guidelines. The Information Management Quality Team is undertaking a "HIPA Compliancy" tour of all facilities and offices to assess the level of compliance that currently exists. The feedback from the tours will allow the team to develop a strategic plan to ensure that we are doing everything we can to ensure the confidentiality and privacy of our clients. Together with this team's needs assessment of the region's information management requirements, a dedicated Information Management strategy will be developed.

In consultation with our municipal and community partners in the communities of Herbert and Climax, we will work towards the implementation of jointly developed strategies to ensure the sustainability of appropriate health care services in these communities into the future.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwestern Saskatchewan. We will provide these services within the parameters of the limits that surround us – whether they are financial or human resource related.

We will continue to dedicate the resources available to us towards our vision:
Together – Your Health, Our Future.

PERFORMANCE MANAGEMENT SUMMARY

The Performance Management Accountability Indicators Table serves as a reference tool for the Cypress Regional Health Authority and Saskatchewan Health in reporting on and interpreting indicators in the 2004-05 Accountability Document. This document provides assistance in determining organizational effectiveness and program-specific expectations.

The table provides a comparison between the Cypress Health Region and the other regional health authorities in the province.

Indicator		CYPRESS	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Accreditation with a Report & Focused Visit	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	89	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	81%	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	97.64	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	74.77	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	42.76	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	85.01	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	24.13	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	10.40	22.38	2.89 – 48.65

Indicator		CYPRESS	Provincial Comparison	Range
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	1.87	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-05*	84.30	63.99	19.92 – 314.54
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNIONS (SEIU) *2004-05*	740.91	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	65.21	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	58.43	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	202.62	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	4.87	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	243.38	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS (SEIU) *2004-05*	79.7%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	81.7%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	83.7%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	78.7%	79.1%	77.3% - 85.4%
2.1.1.18.a	Working capital ratio *2004-05*	1.50	n/a	0.45 – 1.69
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	(8.98)	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	0.1	n/a	(1.5%) - 1.4%

Indicator		CYPRESS	Provincial Comparison	Range
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	(830,210)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	(364,321)	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	195,142	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	9,766	n/a	n/a
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	2,387	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	44	59	41 – 76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-04*	91.7%	61.6%	44.4% - 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-04*	75.0%	70.3%	50.0% - 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	1,771	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	49%	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	99%	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-05*	100%	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-05*	100%	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	27.5%	21.8%	12.7% – 29.1%

Indicator		CYPRESS	Provincial Comparison	Range
	Population Health Services			
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** *NOTE: SIMS does not capture on-reserve immunizations	80.7%	73.3%	57.3% - 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2004** *NOTE: SIMS does not capture on-reserve immunizations	79.6%	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	27.4	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	53.8	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	61.1	65.8	56.8 – 72.8
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
	Community Care Services			
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	56.5	58.4	43.7 – 72.6
	Primary Health Services			
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	10.98%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	1	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a

Indicator		CYPRESS	Provincial Comparison	Range
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	n/a	n/a	n/a
	Emergency Response Services			
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	98.21%	98.76%	70.17% – 100.00%
	Mental Health and Addiction Services			
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	24.6	20.2	17.9 – 26.3
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	n/a		
	Program Support Services			
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	4.6%	n/a	3.6% - 11.5%
	Health Status and Outcome Indicators			
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	1.70	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	4.49	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	13.6	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	69.1	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	72.5	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	12.1	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	13.1	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	78.2	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	82.8	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	18.0	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	21.0	20.9	17.2 – 21.8

Indicator		CYPRESS	Provincial Comparison	Range
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	63.7%	59.5%	47.6% – 63.7%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	22.3%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	22.1%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	35.2%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	23.5%	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	41.7%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	56.4%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	39.1	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	9.6	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	7.9	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	14.3	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	30.1	25.1	0.0 – 35.0

MANAGEMENT REPORT

May 20, 2005

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

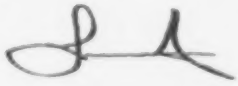
The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew Will
Chief Executive Officer



Larry Allsen
Acting Chief Financial Officer

Financial Statements
For the Year Ending
March 31, 2005

STARK & MARSH
CHARTERED ACCOUNTANTS

PKF North American Network

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2005 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants

Swift Current, Saskatchewan
May 20, 2005

145 - 1st Avenue N.E., P.O. Box 128, Swift Current, Saskatchewan, S9H 3X5
Telephone: (306) 773-7285, Facsimile: (306) 773-0837, E-mail: [illegible]

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
As at March 31, 2005

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 5,363,669	$ 3,172,493	$ 805,884	$ 9,342,046	$ 6,579,253
Accounts Receivable					
Sask Health General Revenue Fund	274,341	-	-	274,341	2,282,573
Other	1,173,522	-	-	1,173,522	1,026,509
Inventory	900,814	-	-	900,814	827,981
Prepaid Expenses	235,605	-	-	235,605	129,824
Due From the Capital Fund	441,750	-	-	441,750	441,750
TOTAL CURRENT ASSETS	8,389,700	3,172,493	805,884	12,368,078	11,287,890
Long Term Investments (Schedule 2) (Market $1,241,996; 2004 $1,223,577)	569,524	-	670,000	1,239,524	1,209,984
Pledge receivable	-	13,397	-	13,397	17,863
Capital Assets (Note 3)	-	31,880,291	-	31,880,291	29,561,809
TOTAL ASSETS	$ 8,959,224	$ 35,066,182	$ 1,475,884	$ 45,501,290	$ 42,077,546
LIABILITIES AND FUND BALANCES					
Current Liabilities					
Accounts payable	$ 2,104,210	-	-	$ 2,104,210	$ 2,216,951
Accrued salaries	1,966,384	-	-	1,966,384	2,294,076
Accrued vacation	4,427,358	-	-	4,427,358	4,115,484
Deferred revenue - Note 6	1,347,005	-	-	1,347,005	460,104
Due to Operating fund	-	441,750	-	441,750	441,750
Current portion of Long-Term debt - Note 5	-	83,944	-	83,944	210,445
	9,844,958	525,694	-	10,370,652	9,738,810
Long Term Liabilities - Note 5	-	2,332,170	-	2,332,170	2,346,538
TOTAL LIABILITIES	9,844,958	2,857,864	-	12,702,822	12,085,348
Fund Balances					
Investment in capital assets	-	29,022,427	-	29,022,427	26,563,076
Externally restricted (Schedule 3)	100,960	467,601	1,475,884	2,044,445	1,976,504
Internally restricted (Schedule 4)	362,782	2,718,289	-	3,081,071	2,608,471
Unrestricted (deficit)	(1,349,476)	-	-	(1,349,476)	(1,155,853)
TOTAL FUND BALANCES - Statement 2	(885,734)	32,208,318	1,475,884	32,798,468	29,992,198
TOTAL LIABILITIES & FUND BALANCES	$ 8,959,224	$ 35,066,182	$ 1,475,884	$ 45,501,290	$ 42,077,546

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the year ended March 31, 2005

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2005	Actual 2005	Actual 2004	Capital Fund 2005	Community Trust fund 2005	Total 2005	Total 2004
REVENUE	(Note 12)		(Note 10)				(Note 10)
Sask Health - General Revenue	$ 67,562,142	$ 68,232,024	$ 64,913,923	$ 3,074,212	-	$ 3,074,212	$ 2,068,476
Other Provincial Revenues	140,349	155,756	115,203	-	-	-	15,000
Federal Government Revenues	24,130	38,779	24,675	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	57,000	73,586	59,884	-	-	-	-
Patient Fees	6,427,420	6,677,692	6,487,517	-	-	-	-
Out of province Revenue (Reciprocal)	477,290	413,404	405,215	-	-	-	-
Out of Country	8,908	31,585	18,675	-	-	-	-
Donations	45,520	83,220	31,228	418,735	-	418,735	494,134
Investment income	175,000	162,218	192,799	12,114	57,613	69,727	47,811
Ancillary Revenue	-	-	-	-	-	-	-
Recoveries	694,775	843,776	674,706		-	-	-
Other Revenue	124,824	145,252	128,474	812,879	-	812,879	22,245
TOTAL REVENUES	$ 75,737,439	$ 76,857,290	$ 73,052,299	$ 4,317,940	$ 57,613	$ 4,375,563	$ 2,647,666
EXPENSES							
Province Wide Acute Care Services	$ 472,971	$ 457,625	$ 411,586	-	-	$ -	-
Acute Care Services	24,070,986	24,758,588	23,619,541	513,622	1,917	515,539	487,511
Physician Compensation - Acute Services	3,904,551	4,062,505	3,396,997	-	-	-	-
Supportive Services	26,078,983	26,229,210	25,302,096	708,978	5,644	714,622	683,306
Home Based Services - Supportive Care	4,583,293	4,797,387	4,654,466	97,797	-	97,797	104,963
Population Health Services	1,813,207	1,689,241	1,538,426	38,690	-	38,690	36,638
Community Health Services	3,605,312	3,343,518	3,341,014	76,929	-	76,929	74,449
Home Based Services - Acute & Palliative	539,292	566,150	286,634	11,507	-	11,507	6,527
Primary Health Care Services	2,813,793	2,834,957	2,512,830	60,040	-	60,040	54,084
Emergency Response Services	2,096,407	2,221,321	1,957,248	44,733	-	44,733	41,488
Mental Health Services - Inpatient	1,077,510	1,092,155	1,070,710	22,992	-	22,992	21,671
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Service	931,961	934,988	978,548	75,583	-	75,583	-
Program Support Services	3,542,183	3,532,417	4,358,771	-	-	-	89,752
Special Funded Programs	57,000	98,078	59,879	-	-	-	-
Ancillary & Sundry Expenses	150,000	150,000	150,000	-	-	-	3,241
TOTAL EXPENSES (Schedule 1)	$ 75,737,439	$ 76,768,140	$ 73,638,746	$ 1,650,871	$ 7,561	$ 1,658,432	$ 1,603,629
Excess (deficiency) of revenue over expenses	$ (0)	$ 89,150	(586,447)	2,667,069	50,052	2,717,121	1,044,038
Fund Balances, beginning of year		(744,374)	79,629	29,304,863	1,431,708	30,736,571	29,454,977
Interfund transfers - Note 14		(230,510)	(237,556)	236,386	(5,876)	230,510	237,556
Fund balances, end of year		$ (885,734)	$ (744,374)	$ 32,208,318	$ 1,475,884	$ 33,684,202	$ 30,736,571

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2005

Statement 3

	Operating Fund		Restricted Fund			
	2005	2004 (Note 10)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (Note 10)
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
(Deficiency) excess of revenue over expenditures	$ 89,150	$ (585,447)	$ 2,667,089	$ 50,052	$ 2,717,121	$ 1,044,038
Net changes in non-cash working capital (Note 7)	1,140,118	(278,930)	1,305,296		1,305,296	(1,231,061)
Amortization of capital assets	-	-	1,498,362		1,498,362	1,437,286
Investment income on long term investments	-	73,199	65,562		65,562	-
Gain/(loss) on disposal of capital assets	-	-			-	-
	1,229,268	(792,178)	5,536,279	50,052	5,586,331	1,250,263
Purchase of capital assets						
Buildings/construction	-	-	(2,282,420)	-	(2,282,420)	(331,463)
Equipment	-	-	(1,534,425)	-	(1,534,425)	(974,627)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	(65,562)	-	-	(29,540)	(29,540)	-
	(65,562)	-	(3,816,845)	(29,540)	(3,846,385)	(1,306,090)
Repayment of debt	-	-	(140,869)	-	(140,869)	(192,954)
Net increase (decrease) in cash and investments during the year	1,163,716	(792,178)	1,578,565	20,512	1,599,077	(248,781)
Cash and investments, beginning of year	4,430,463	5,460,197	1,357,542	791,248	2,148,790	2,160,014
Interfund transfers (Note 14)	(230,510)	(237,556)	236,386	(5,876)	230,510	237,556
Cash and investments, end of year	$ 5,363,669	$ 4,430,463	$ 3,172,493	$ 805,884	$ 3,978,377	$ 2,148,790
Amounts in cash balances						
Cash and short-term investments	$ 5,363,669	$ 4,430,463	$ 3,172,493	$ 805,884	$ 3,978,377	$ 2,148,790

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2005

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Cypress Regional Health Authority (RHA) was created by the Act. The Cypress Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Cypress Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under The Income Tax Act):

Herbert Nursing Home Incorporated
Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under The Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

The RHA has an agreement with the Foundation to fund raise exclusively and administer the funds for the RHA. The RHA provides financial support through an annual operating grant.

These financial statements do not consolidate the financial activities of the foundation. Alternatively, Note 9 b) iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

j) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	March 31, 2005			March 31, 2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,358,849	$ -	$ 1,358,849	$ 622,385
Land Improvements	702,296	546,877	155,419	172,689
Buildings	37,599,213	16,275,420	21,323,792	21,645,686
Equipment	24,308,267	17,211,358	7,096,909	6,305,727
Information systems	536,403	236,521	299,883	333,203
Vehicles	841,835	661,713	180,122	225,152
Construction in progress	1,465,318		1,465,318	256,966
	$ 66,812,180	$ 34,931,889	$ 31,880,291	$ 29,561,808

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2005, commitments for acquisition of capital assets were $769,170 (2004 - $1,388,590).

As of March 31, 2005, Cypress Regional Health Authority is committed to building a hospital in Swift Current. The commitment details are as follows:

Total Construction Project Cost	$	38,928,000
Committed from Saskatchewan Health as of March 31, 2005	$	4,959,370
Remaining Commitment from Saskatchewan Health	$	20,343,930
Local Stakeholders share of project	$	13,624,700

b) Operating Leases

The minimum annual rental under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Cypress Lodge Nursing Home CMHC, due Feb 1, 2023	7.50%	$31,638 principal and interest	$ 313,853	$ 321,983
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	462,655	470,650
Prairie View Health Centre CMHC, due June 1, 2022 Renewal date - Oct 1, 2005	6.45%	$30,943 principal and interest $20, 534 is subsidized by SHC yielding an effective interest rate of 0.5%	323,313	333,369
Swift Current Care Centre CUCORP, due October 1, 2014	5.15%	$104,592 principal and interest	1,060,375	1,170,077
Western Senior Citizen Home CMHC, due Feb 1, 2025	8.00%	$25,488 principal and interest	255,918	260,904
			2,416,114	2,556,983
Less : Current Portion			83,944	210,445
			2,332,170	2,346,538

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2006 - $ 83,944
2007 - $ 86,545
2008 - $ 92,006
2009 - $ 97,771
2010 - $103,875
2011 and subsequent years - $1,951,973

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other	Add Amount Recognized From Other
SASK HEALTH					
Aboriginal Awareness	$ 13,107	$ 13,716	3,294		
Team Facilitator	78,600	31,926			
CRO-FAB Antivenom	25,000	25,000			
MDS Rugs	10,000	10,000			
Medical Training	53,706		44,333		
Primary Care Funding	169,888	143,568	145,000		
Surgical Wait List	25,000	25,000			
Workforce Strategy	2,000	2,000			
Aboriginal Rep Workforce			25,000		
Successful Mothers funding			12,607		
Smoking transitional funding		1,540	19,000		
Quality Workplace			92,250		
HIPA Impelmentation			20,500		
MDS Home Care Pilot			100,000		
Primary Care Team Development			100,000		
Emergency Dept Coverage			550,000		
Healthline Promotion			3,500		
RNNP Leader Project		19,143	54,501		
Total Sask Health	**$ 377,301**	**$ 271,893**	**$ 1,169,985**	**$ -**	**$ -**
OTHER					
ABI Program Funding	$ 59,777	$ 16,191			
Recruitment /Renton	5,622				
Mental Health Conference	6,640		5,000		
Quality Workplace - SRNA	10,764				
Total Sask Health	**$ 82,803**	**$ 16,191**	**$ 5,000**	**$ -**	**$ -**
Total Deferred Revenue	**$ 460,104**	**$ 288,084**	**$ 1,174,985**	**$ -**	**$ -**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund and other revenue is recorded as revenue as the related costs are incurred.

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ 560,389	$ (287,640)	$ 1,300,830	$ -	$ 1,300,830	$ (1,231,061)
(Increase) Decrease in inventory	(72,833)	257,870	-	-	-	-
(Increase) Decrease in prepaid expenses	(105,781)	235,468	-	-	-	-
(Increase) Decrease in other current assets	-	-	4,466	-	4,466	-
Increase (Decrease) in accounts payable	(112,741)	(420,365)	-	-	-	-
Increase (Decrease) in accrued salaries	(327,692)	321,932	-	-	-	-
Increase (Decrease) in vacation payable	311,875	211,141	-	-	-	-
Increase (Decrease) in deferred revenue	886,901	(597,336)	-	-	-	-
	$ 1,140,118	$ (278,930)	$ 1,305,296	$ -	$ 1,305,296	$ (1,231,061)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $49,173 (2004- $44,915).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
SaskTel, Expense	$ 444,599	$ 412,056
SaskPower Corp, Expense	341,164	333,040
Saskatchewan Association of Health Organizations, Expense	6,104,206	5,772,765
Saskatchewan Energy Corp, Expense	628,589	507,166
Sask Propert Management, Expense	574,492	812,246
Sask Worker's Comp Board, Expense	1,067,173	1,302,263
Sask Health Employees Pension Plan	1,569,876	-
	$ 10,730,099	$ 9,139,536

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2005	2004
McKerracher Support Services Inc	$ 97,081	$ 96,326
Canadian Mental Health Association	102,752	118,141
Gull Lake Ambulance	75,143	72,252
Ponteix Ambulance	124,795	120,468
Val Marie Ambulance	60,112	57,800
Frontier Ambulance	61,871	60,038
Swift Current Ambulance	507,246	496,244
	$ 1,029,000	$ 1,021,269

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to each affiliate:

	2005	2004
Herbert Nursing Home Inc	$ 1,686,093	$ 1,565,613
Foyer St. Joseph Nursing Home	1,118,845	1,016,564
	$ 2,804,938	$ 2,582,177

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2005 and 2004 and for the years then ended:

	Total 2005	Total 2004
Balance Sheet		
Assets	$ 796,039	$ 801,416
Net Capital Assets	954,182	1,045,511
Total Assets	$ 1,750,221	$ 1,846,927
Total Liabilities	$ 905,537	$ 1,012,773
Total Net Assets (Fund Balances)	844,684	834,154
Total Liabilies & Fund Balances	$ 1,750,221	$ 1,846,927
Results of Operations		
RHA Grant	$ 2,819,603	$ 2,581,356
Other Revenues	1,141,700	1,164,833
Total Revenue	3,961,303	3,746,189
Salaries & Benefits	3,344,672	3,218,714
Other Expenses	482,797	464,424
Total Expenses	$ 3,827,469	$ 3,683,138
Excess Revenue over Expenses	$ 133,834	$ 63,051
Cash Flows		
Cash from Operations	$ 137,076	$ 66,865
Cash used in Financing Activities	(45,781)	(51,901)
Cash used in Investing Activities	(22,087)	40,431
Increase/(Decrease) in cash	$ 69,208	$ 55,395

iii) Fund-Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The Cypress RHA has an economic interest in the Foundation. The foundation's total expenses include contributions of $406,065 (2004 - $305,160) to the RHA. The foundation has committed approximately $1.66 million to the new regional hospital.

10. Comparative Information

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,735,736 (2004 - $2,104,325) and is included in benefits in Schedule 1.

Effective Jan 1, 2004, the SHEPP contribution rates are as follows:

6.552% (2004 (Apr-Dec) – 5.04%, (Jan-Mar) – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
8.232% (2004 (Apr- Dec) – 6.72%, (Jan-Mar) – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

12. Budget

The RHA Board approved the 2004-2005 budget plan on July 8, 2004

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short-term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year, is $2,580,112 (2004 - $2,698,954) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,300,000 (2004 - $1,300,000) with an interest charged at prime less 1/2% which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2005 was $ nil (2004 - $ nil).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ (63,821)	$ 69,697	$ (5,876)	$ -	$ 20,140	$ (20,140)
Capital asset purchases	-	-	-	(17,136)	17,136	
SHC reserves	-	-	-	(2,149)	2,149	-
Mortgage payments	(160,830)	160,830	-	(218,271)	218,271	-
Other	(5,859)	5,859	-	-	-	-
	$ (230,510)	$ 236,386	$ (5,876)	$ (237,556)	$ 257,696	$ (20,140)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,475,884 (2004 - $1,431,708) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2005:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

For the Year Ending March 31, 2005

	Budget 2005	2005	2004
Operating:			(Note 10)
Benefits	8,568,046	8,445,879	7,637,955
Board Costs	167,000	128,609	101,259
Diagnostic Imaging Supplies	233,284	154,400	207,349
Drugs	923,521	915,066	891,231
Food	1,526,461	1,541,574	1,531,092
Grants to ambulance services	829,366	832,667	806,913
Grants to third parties	3,094,663	3,209,273	2,949,530
Housekeeping and laundry supplies	603,992	603,914	649,556
Information technology contracts	175,111	175,661	161,785
Insurance	242,820	235,780	207,145
Interest	5,000	10,055	6,518
Laboratory supplies	645,279	704,129	715,156
Medical and surgical supplies	1,437,815	1,324,535	1,438,978
Medical remuneration and benefits	4,773,790	4,922,343	4,293,305
Office supplies and other office costs	881,439	805,593	907,457
Other	981,824	769,455	752,701
Other referred out services	57,371	35,440	38,220
Professional fees	507,949	441,952	439,544
Prosthetics	170,000	204,330	176,969
Purchased services	71,163	70,927	42,250
Rent/lease costs	400,988	393,557	398,781
Repairs and maintenance	861,585	696,616	881,578
Salaries	45,482,443	47,324,623	45,744,539
Service contracts	411,146	344,689	241,317
Travel	833,652	764,080	783,337
Utilities	1,851,731	1,712,993	1,634,281
	$ 75,737,439	$ 76,768,140	$ 73,638,746
Restricted :			
Amortization		$ 1,498,362	$ 1,437,286
Loss on disposal of fixed assets		-	-
Mortgage interest expense		152,509	158,058
Other		7,561	8,284
		$ 1,658,432	$ 1,603,628

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

For year ended March 31, 2005

Schedule 2

Restricted Investments	Amount	Maturity	Int. Rate
Cash and Short Term			
Chequing and Savings			
Cucorp	$ 3,172,493		
Royal Bank (Shaunavon)	255,700		
Sandhills Credit Union (Leader)	128,246		
Bank of Montreal (Maple Creek)	14,653		
Cypress Credit Union (Maple Creek)	84,406		
Credit Union (Eastend)	6,258		
Royal Bank (Climax)	26,676		
Herbert Credit Union	13,287		
CIBC (Mankota)	5,145		
	$ 3,706,865		
Short Term Investments			
Herbert Credit Union	$ 60,000	14/03/06	1.55%
CIBC (Mankota)	55,000	20/03/06	2.35%
CIBC (Mankota)	36,053	06/06/05	1.55%
Cypress Credit Union (Maple Creek)	120,460	11/12/05	6.25%
	$ 271,513		
	$ 3,978,378		
Long Term			
Cypress Credit Union (Maple Creek)	$ 520,000	2[illegible]/03/07	3.65%
Eastend Credit Union	150,000	31/08/06	2.83%
	$ 670,000		
Total Restricted Investments	**$ 4,648,378**		
Unrestricted Investments			
Cash and short-term investments			
Chequing and savings			
CuCorp	4,125,246		
Petty Cash	6,410		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	1,013,253		
BMO Nesbitt Burns	510		
	$ 5,146,670		
Short Term Investments			
Gov of Canada Treasury Bills	217,000	08/09/2005	
	$ 217,000		
	$ 5,363,670		
Long Term			
Sask Savings Bond (Operating portion)	$ 297,373	15/07/05	5.75%
Canada Savings Bond	45,000	01/11/06	1.50%
National Bank of Canada	12,500	29/01/07	5.05%
Canada Savings Bond	200,000	01/11/07	1.50%
Various Membership Equities	14,650		
	$ 569,523		
Total Unrestricted Investments	**$ 5,933,193**		
Total Investments	**$ 10,581,571**		

Restricted investments consist of community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3), and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A division of the Department of Community Resources and Employment)(SHC) are held in the Capital Fund (Schedule 4).

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

For the Year Ended March 31, 2005

Schedule 3

OPERATING FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations and Palliative Care	$ 48,698		$ 83,220	$ 30,958		$ 100,960
Total	$ 48,698	$ -	$ 83,220	$ 30,958	$ -	$ 100,960

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 238,246	$ 1,295	$ 78,659	$ 109,852		$ 208,348
SHIN Capital Fund	257,852	1,402				259,254
Total	$ 496,098	$ 2,697	$ 78,659	$ 109,852	$ -	$ 467,602

COMMUNITY TRUST FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Leader Hospital	$ 109,600	$ 997			$ 5,876	$ 104,720
Maple Creek Hospital	548,430	37,655		24		586,061
Shaunavon Hospital & Care Centre	251,909	5,685		1,893		255,701
Cypress Lodge	145,396	8,062				153,458
Eastend Wolf Willow Health Centre	160,634	1,237		5,613		156,258
Western Senior Citizens Home	23,367	159				23,526
Border Health Centre	26,085	590				26,675
Herbert/Morse Hospital	72,637	650				73,287
Prarie View Health Centre (Mankota	93,650	2,578		30		96,198
Total	$ 1,431,708	$ 57,613	$ -	$ 7,560	$ 5,876	$ 1,475,884

CYPRESS REGIONAL HEALTH AUTHORITY
Schedule of Internally Restricted Funds
(Capital and Operating Fund Equity)
For the Year Ended March 31, 2005

Schedule 4

OPERATING FUND

Items in Fund	Balance, beginning of year	Investment Income	Donations	Expenses	Withdrawals	Balance, end of of year
Home Care Education	$ 7,960					$ 7,960
Addiction Services	6,844					6,844
Education Reserves	81,468					81,468
Home Care Stablization	223,005					223,005
Information Technology Reserve	43,505					43,505
Total	$ 362,782	$ -	$ -	$ -	$ -	$ 362,782

CAPITAL FUND

Items in Fund	Balance, beginning of year	Investment Income	Received From Health	Expenses	Withdrawals	Balance, end of of year
Cypress Regional Hospital Fire Code	$ 400,000	$ 2,175				$ 402,175
Ambulance Replacement	99,006	538				99,544
Eastend Wolf Willow Health Centre	49,911	271				50,182
Information Technology Reserve	10,151	55				10,206
Maple Creek Fire Code	20,100			14,100		6,000
CT Scan	700,000			700,000		-
Regional Hospital Capital funding	500,000			500,000		-
Gull Lake Project funding	80,730			80,730		-
Provincial Capital Equipment funding	87,760			87,760		-
Infrastructure funding			450,000.00	61,918.00		388,082.00
Capital Funding Fiscal 2004/05			452,000.00	154,805.00		297,195.00
First Ministers Allocation			910,000.00	49,503.00		860,497.00
Diagnostic Imaging Funding			250,000.00			250,000.00
Surgery/Diagnostic Equipment funding			50,000.00			50,000.00
Total	$ 1,947,658	$ 3,039	$ 2,112,000	$ 1,648,816	$ -	$ 2,413,881

CAPITAL FUND - SHC Replacement Reserves

Items in Fund	Balance, beginning of year	Investment Income	Annual Allocation	Transfer to unrestricted fund expenses	Transfer to investment in capital asset fund balance	Balance, end of of year
Cypress Lodge	$ 125,591	$ 2,688				$ 128,278
Gull Lake Special Care Centre	96,000	2,054				98,054
Western Senior Citizen Home	76,440	1,636				78,076
Total	$ 298,031	$ 6,378	$ -	$ -	$ -	$ 304,408

The RHA is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage from the Saskatchewan Housing Corporation.

The above schedule reflects the changes in these reserve balances during the year.

CYPRESS REGIONAL HEALTH AUTHORITY

CONSOLIDATED SCHEDULES OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

For the year ended March 31,2005

Schedule 5

	2005				2004		
Board Member	Retainer & Per Diems	Benefits [1]	Other Expenses	Total	Retainer & Per Diem	Benefits & other Expenses	Total
Chairperson							
Lafreniere, Dennis	$ 27,397	$ 10,622	$ 191	$ 38,211	$ 39,010	$ 6,825	$ 45,835
Board Member							
Bonson, James				-	6,440	2,295	8,735
Dieg, Bruce	2,950	911	17	3,878	6,427	1,825	8,252
Donnelly, Lois	2,200	257	30	2,487	3,150	224	3,374
Elderkin, Barry	4,225	4,265	336	8,826	7,172	3,095	10,267
Etter, Shirley	4,832	3,975	304	9,111	4,308	1,980	6,288
Goddard, Betty	5,666	2,806	117	8,589	5,358	1,128	6,486
Hoeg, Ronald	4,200	966	50	5,216	5,537	359	5,896
Johnson, Ronald	3,375	3,316	76	6,767	8,036	3,253	11,289
MacArthur, Allan	7,025	3,462	125	10,632	9,567	2,747	12,314
Smith, Dean				-	1,750	293	2,043
Thibault, Alma	3,522	2,366	81	5,970	4,105	841	4,946
Whiteside, Brian	2,998	129	127	3,254	400	13	413
Yee, Audrey	1,006	68		1,006			
Total	$ 69,391	$ 33,162	$ 1,456	$ 104,006	$ 101,260	$ 24,678	$ 126,136

(1) Benefits includes employer CPP and all travel time

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

For the year ended March 31,2005

	2005							2004			
					Severance						
	Number of FTE's	Salaries [1]	Benefits & Allowances [2]	Subtotal	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1	$ 131,072	$ 5,384	$ 136,456			$ 136,456	1	$ 135,279		$ 135,279
Dir of Executive & Board Support	1	52,497	2,205	54,702			54,702	1	57,650		57,650
Exec. Dir of Communications	1	74,550	3,109	77,660			77,660	1	61,563		61,563
Exec. Dir of Community Services	1	90,891	3,791	94,682			94,682	1	98,869		98,869
Exec. Dir of Decision Support	1	90,891	3,791	94,682			94,682	1	107,468		107,468
Exec. Dir of Finance	0.2	25,527	1,112	26,639			26,639	1	106,169		106,169
Exec. Dir of Human Resources	1	90,891	2,761	93,652			93,652	1	100,176	83,274	183,450
Sr. Exec. Dir. Of Health Services	0.5	83,118	2,418	85,536	0.5	167,063	252,599	1	115,699		115,699
Chief of Staff	1	95,667		95,667			95,667	1	86,667		86,667
Medical Health Officer	1	137,526	5,796	143,322			143,322	1	189,956		189,956
Total	8.7	$ 872,630	$ 30,367	$ 902,997	0.5	$ 167,063	$ 1,070,060	10	$ 1,079,515	$ 83,274	$ 1,162,789

(1) Salaries include regular base pay, lumpsum payments, honorariums, and any other direct cash remuneration including sick leave and vacation. Amounts taken from the SAHO "Disclosure of Earnings" report

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employer's taxable allowances

PAYEE DISCLOSURE LIST

INTRODUCTION

Payments related to employees and other individuals who provide personal services, board members, suppliers and third party agencies are disclosed based on the same minimum thresholds used by Government of Saskatchewan entities. Reporting and tabling this list provides the opportunity for Regional Health Authorities to be accountable for the public funds that they receive.

The *Payee Disclosure Lists* included within this section include the following:

1) **Personal Services**
   This includes the list of individuals who received $50,000 or more for salaries, wages, honoraria, and compensation for personal service. This list includes unionized and non-unionized individuals.

2) **Supplier Payments**
   This includes the list of recipients who received $50,000 or more for the provision of goods and/or services.

3) **Transfers**
   This includes the list of recipients who received $50,000 or more. Details are not provided for programs of a confidential and personal nature.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ADASHYNSKI	BETH	$ 73,617	CASCAGNETTE	MARGUERIT	64,032
ALDAG	MARLENE	64,557	CHENEY	ALICIA	50,346
ALLSEN	LARRY	96,753	CHISHOLM	JOHN	54,250
ALTWASSER	DARCY	54,309	CHOKANI	KHAMI	137,526
AMAN	RALPH	50,489	COCHRANE	IDA	59,752
ANDERSON	TODD	52,557	CONNICK	NORMA	65,561
ANDERSON	MARY	57,943	COREY	SHIRLEY	50,342
ANDERSON	KATHLEEN	60,746	COTE	JULIEANN	54,308
ANDREAS	DAPHNE	74,463	COULTER	TERRY	59,785
ANDREWS	DIANA	60,220	COULTER	VALERIE	62,105
ARMSTRONG	SHANNON	62,199	CREIGHTON	LINDA	61,893
ARNOLD	LILIA	54,135	CROCKETT	SHARON	50,341
ARNOLD	CORINNE	63,264	CRONAN	CARLA	51,575
ARWINI	DR. M	381,537	DAFOE	DOROTHY	63,959
ASHTEKAR	DR. V.	305,515	DALBY	FRANCINE	62,184
BARDAHL	PATRICIA	68,051	DEMPSEY	SHEILA	52,211
BARKS	KIMBERLY	61,527	DEMPSEY	GERALD	54,304
BARRON	SYLVIA	80,627	DENESOVYCH	CONSTANCE	61,595
BAUMANN	LESLIE	54,929	DESHAIES	MARIE	72,904
BELON	RANDY	90,891	DRUMMOND	CINDY	62,798
BERG	KAREN	66,348	DUECK	BRENDA	55,200
BHARDWAJ	DR. A	291,883	DUNLOP	DONNA	63,365
BHARDWAJ	DR. D	294,914	DUNNINGTON	ARLENE	51,367
BOKOR	ELFRIEDA	61,221	DURANT	MARILYN	54,669
BOLTON	ERIN	52,810	DYCK	RYAN	54,238
BOOTH	DWIGHT	69,335	DYCK	CAROL	70,303
BOWER	JOHN	70,244	EAST	KAREN	50,307
BOWERS	MARGARET	56,719	EDDY	CAROL	74,909
BRABENDER	JBEATRICE	71,883	ELKELANI	SAAD	361,120
BREHM	KAREN	70,912	ELSASSER	RAYLENE	57,664
BROKS	DIANE	74,045	EMPEY	BONNIE	119,235
BROWN	DEBRA	58,757	ERICKSON	MARY	75,965
BROWN	PATRICIA	66,825	EWEN	ANITA	89,876
BROWN	LANA	74,330	FABER	RHONDA	63,803
BURTON	SUSAN	66,613	FAUTH	JAMIE	52,902
BUTTON	WAYNE	250,181	FAUTH	RACQUEL	68,172
CAMERON	KATHY	64,176	FEHR	MARGARET	65,865
CAMPBELL	COLLEEN	65,195	FEHR	HELEN	75,338
CARLETON	MYRA	69,010	FITZGERALD	BARBARA	62,441

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

FITZPATRICK	ELAINE	54,105	HEINRICKS	BRENDA	60,217
FLEURY	DEAN	55,015	HEISER	BEVERLEY	52,175
FLEURY	BRENDA	71,631	HENNIG	JENNIFER	64,847
FORTMAN	SANDRA	55,181	HOFFARTH	SHARON	60,906
FOSSUM	EILEEN	55,189	HOLDERBEIN	VALERIE	61,597
FRIESEN	ERIN	52,575	HOLDERBEIN	SHARLENE	95,160
FRIESEN	YVETTE	56,111	HOLIZKI	MAUREEN	72,909
FRIESEN	DIANE	61,231	HOLMES	PEGGI	57,466
FRIESEN	MARGARET	66,421	HOPE	CRYSTAL	58,939
GARIES	JOHN	54,043	HORNUNG	SHERRY	90,817
GATES	GLENDA	62,015	HOVDESTAD	RENEE	66,764
GENOVES	WILBERT	77,387	HUNTER	TIMOTHY	67,317
GETZ	CAROL ANN	53,987	HYATT HIEBERT	RACHEL	60,756
GETZ	ADELLE	71,047	ILLERBRUN	GLORIA	51,411
GILLANDERS BELL	TARA	66,619	JAHNKE	ELAINE	66,075
GINTER	LAURA	51,800	JAMES	TERRY LEE	58,443
GIZEN	JUNE	68,707	JARRETT	JOY	52,609
GLOVER	SHARRON	64,595	JONES	TRACEY	62,875
GLYDON	ORLA MAE	63,953	JONES	YVONNE	63,790
GOLD	KARLA	53,950	KALINOWSKI	DAWN	69,613
GOUDY LODOEN	LAURA	62,675	KERRIDGE	LORRAINE	72,016
GRAND	KAREN	50,814	KHONJE	DR. T.	67,834
GRANT	GREGORY	60,673	KIMBER	WENDY	66,326
GREEN	STEPHANIE	64,390	KING	ROBERT	51,168
GROVES	BRENDA	79,052	KLASSEN	TERRY	71,036
HADLEY	LUCILE	69,688	KNOWLTON BRODZIAK	SHELLY	55,542
HALL	GLORIA	62,252	KNOX	CATHERINE	56,908
HAMM	BONNY	70,175	KOCHAN	BRENDA	58,231
HANNA	KEVIN	51,064	KOELLMEL	HEATHER	55,277
HANOWSKI	TARA	67,842	KOHLS	DOREEN	62,236
HANSON	MARIE	53,888	KOOHAIR	DR. S.	217,570
HANSON	FERN	67,006	KRAHN	ELAINE	57,353
HARDIE	MAUREEN	50,697	KRAMER	CARLA	51,936
HARLICK	SANDRA	64,740	KRAMER	CONNIE	61,283
HART	SHELLY	65,076	KRUSE	KIM	52,551
HAUBRICH	LISA	68,281	LAFONTAINE	ANGELA	58,885
HAUGEN	KORI	55,399	LAIRD	MERCY	57,587
HAWKINS	KRISTIN	63,442	LAMONTAGNE	GLORIA	62,720
HEINRICHS	LORRAINE	72,405	LAMOTTE	RENEE	69,055

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

LANG	DEBORAH	50,513	NEVARO	M FERN	80,516
LEE	DORI	64,772	NICHOLSON	SUSAN	67,870
LEIDING	HELENA	50,444	OLFERT	KATHY	81,303
LIS	ROSE	92,434	OLMSTED	PATRICIA	55,087
LOWE	RICKY	63,728	OLSON	ANGELA	52,343
LUBEGA	DR.B.	274,956	OLSON	KRISTA	54,002
LUNDBERG	LYNN	65,347	OLSON	KIRSTEN	58,607
LYON	MORAG	58,195	OLSON	PATRICIA	79,243
MACLEOD	JANE	66,848	ORTMAN	JOAN	68,974
MACWILLIAM	CORNELIA	79,686	PARK	KEITH	50,205
MAFFENBEIER	RUTH	52,134	PATERSON	HARRIET	52,741
MAHARAJ	DR.J.	217,570	PAUL	LEONA	50,337
MALLECK	DR. N.	358,552	PAUL	GLORIA	56,231
MARAJ	DR. V.	217,571	PAULSON	LORNA	73,937
MARTIN	JULIA	56,835	PEDERSON	VERNA	62,190
MARTIN	BRYCE	74,550	PENNER	MARY JEAN	60,204
MASON	TAMMY	50,268	PERRIN	GRANT	60,068
MCCAIG	JANET	76,551	PETERS	ELEANOR	72,487
MCCUAIG	CAROLINE	74,167	PHILIP	CYNTHIA	63,744
MCDOUGALD	COLLEEN	56,219	PILKEY	LAURIE	63,715
MCKINNON	MILTON	75,002	POMPU	THERESA	69,667
MCMILLAN	DOROTHY	56,157	PRITCHARD	LORI	60,441
MEINERT	BETTY	55,625	PURVES	TAMMY	61,018
MEYER	ERLA	67,116	RADEVSKI	DR. I.	53,000
MEYER	HOLLY	84,615	RAMSAY	MARVA	64,057
MEYERS	LYNN	61,136	RAYMOND	SIGNE	67,078
MILLAR	MIKKI	66,345	REDEKOPP	LENA	50,934
MIRKA	CHRISTINE	78,104	REGIER	TRENTON	71,449
MOBERG	HEATHER	64,929	REIL	JOANN	54,219
MOBERG	TERRI	66,871	REINBOLT	BARRY	50,438
MOEN	ALICE	54,075	REMPEL	MARGARET	58,460
MOHAGEN	YVONNE	67,263	REMPEL	MAUREEN	61,903
MOOLA	DR. D	368,564	RENWICK	MARY K	62,731
MORCK	EUNICE	55,894	RICE	JODY	60,378
MORSTAD	MAUREEN	65,130	RICHARDSON	CHRISTINA	62,509
MUDRY LAUTSCH	MARILYN	58,182	RINDAHL	JENNIFER	53,521
MULATZ	SHEILA	75,824	RISVI	DR. S.	316,488
MUNROE	ROBIN	64,710	RUDD	KENNETH	54,203
NAGEL	CHERYL	50,890	RUETZ	CATHERINE	66,371

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

RYAN	ELIZABETH	59,369	WENZEL	COLETTE	63,155
SARGENT	MARILYN	76,064	WHARTON	TERRY	214,621
SAUDER	GWENDOLYN	68,986	WHITE	LAURA	66,365
SCHERGER	KATHY	63,183	WIEBE	GLENDA	72,117
SCHNEIDER	LISA	65,198	WIENS	KAREN	71,109
SCHNEIDER	SHELLEY	70,222	WILL	ANDREW	131,072
SCHRAN	BRENDA	90,891	WILLMAN JOHNSTON	RHONDA	61,586
SCHWARTZ	DALE	55,736	WILMS	ILA	65,055
SCOTT	JOHN	56,867	WILSON	PATRICIA	50,915
SCOTT	CAROL	64,715	WILSON	GAYLE	61,263
SCRIVEN	SHANNON	67,468	WILSON	WENDY	68,909
SHAPAN	DR. M.	246,236	WOELK	VALERIE	70,082
SHAW	BONNIE	63,861	WONG	AUDRA	53,097
SHAW	LEANNA	71,000	WOODS	MARYANN	52,864
SIGURDSON	ESTHER	69,579	WOTHERSPOON	DONNA	54,771
SINGH	LORETTA	53,456	YESKE	SHARON	77,433
SKELTON	MARG	72,362			
SMITH KLASSEN	ALISON	53,672			
SMOUT	ALICE	66,959			
SMUK	GREGORY	56,509			
SPANIER	CARLA	63,370			
SPENCE	TWYLA	53,803			
STEVENSON	DANIEL	64,615			
STIMSON	MARIE	50,769			
TAYLOR	BRENDA	68,225			
THERRIEN	JANICE	63,544			
THOMPSON	KATHARINE	78,942			
VACHON	ELISABETH	90,891			
VALLEE	SUSAN	72,724			
VANDERSTEEN	ALINE	60,324			
VASQUEZ	DR. V.B.	52,310			
WALKER	MYRNA	95,694			
WALLISER	LINDA	70,659			
WARDER	BRENDA	70,652			
WARKENTIN	SIGRID	62,325			
WATTS	LEANNE	54,067			
WEBER	KEN	53,545			
WELLS	CAROLJOA	95,026			
WELSH	LAURA	64,480			

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	$ 244,822
Alcon Canada Inc.	210,702
Bayer Inc.	121,339
Beckman Coulter Canada Inc.	161,570
Bridal Const. Ltd.	68,920
Bunz Canada	130,401
CEG Energy Options Inc	186,044
Century Roofing & Sheet Metal	54,315
City of Swift Current	1,251,158
Conbrio Consulting Services	182,701
Country Club Distributors	92,075
CPDN	454,384
Dairyland Fluid Division	98,510
Double 'T' Computer Services	81,845
Dr. Noble Irwin Foundation	181,200
Ecolab Ltd	61,907
Frontier Agencies	223,906
Frontier Ambulance	63,349
GE Clinical Services	64,783
Grand & Toy Ltd.	96,836
Great West Life - GL	282,523
Hill-Rom Canada Ltd.	72,754
HSAS	52,967
Johnson & Johnson	327,684
London Life Insurance Company	77,032
Mastercard	91,347
McKesson Canada	202,650
Medicine Hat Wholesale Foods	123,489
Medtec Marketing Ltd.	137,864
Medtronic of Canada Ltd.	52,451
Minister of Finance	85,231
Momentum Software Corporation	67,935
Nicholson Mechanical Ltd.	61,338
Pantazopoulos, Dr. George	93,631
PAR Consultants	56,942
Phillips Medical Systems	1,039,119
Pioneer Co-op	50,159
Public Employees Pension Plan	130,054
Quality Life Services Inc.	252,495
Receiver General	15,000,337
Regina Qu'Appelle Health Region	50,029
Riverside Electric Ltd.	112,694
SAHO	137,453
SAHO	74,865
SAHO - Dental	459,991
SAHO - DIP	1,088,999
SAHO - Enhanced Dental	883,083
SAHO - Pension	3,459,815
Sask Property & Management	147,275
Sask. Property Mgmt Corp	441,508
SaskEnergy	628,589
SaskPower	341,164
SaskTel	444,599
SCHAAN Healthcare Products	521,422
SEIU	460,956
SHEPP	1,569,876
Somagen Diagnostics Inc	57,833
Source Medical Corporation	284,366
SRNA	92,609
Stantec Architecture Ltd	1,180,804
SU Canada Ltd	86,438
SUN	208,597
SYSCO SERCA Foodservices West	724,161
TYCO Healthcare Group Canada	104,866
Workers Compensation Board of Saskatchewan	1,133,844

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Canadian Mental Health	$ 102,752
Foyer St. Joseph Nursing Home	1,178,956
Frontier Ambulance	61,871
Gull Lake Ambulance	75,143
Herbert Nursing Home	1,734,383
McKerracher Services	97,081
Ponteix Ambulance	124,795
Swift Current Ambulance	518,262
Val Marie Ambulance	60,112

REGIONAL OFFICE
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Swift Current, Sask.
S9H 2J9

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Facsimile: (306) 773-9513

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info@cypressrha.ca

Website: www.cypressrha.ca

Quality Care Coordinator
(health service concerns, comments, bouquets):
1-888-461-7443
or
(306) 778-5169